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absent 13 months and
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A

SYLLABUS

OF THE

LECTURES ON MIDWIFERY,

DELIVERED AT

GUY'S HOSPITAL, &c.

Printed by T. Bensley, Bolt Court, Fleet Street, London.

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SYLLABUS

OF THE

LECTURES ON MIDWIFERY,

DELIVERED AT

GUY'S HOSPITAL,

AND AT

DR. HAIGHTON'S THEATRE,

In St. Saviour's Church-Yard,
Southwark.

LONDON:

RE-PRINTED IN THE YEAR 1803.

P. 1.

The History & Progress of Natural Labour

By Natural Labour we mean a proper Presentation of the Head — Sufficient Room in the Pelvis and sufficient Pains. The time that the Child is contained in the Womb is nine Months or forty Weeks. The Child is contained in a Bag; and besides this Bag the Womb contains the Placenta, and some Portion of Water. We know when Labour comes on by the Pains. These Pains arise from the Muscular Contraction of the Womb. At the Commencement of Labour there is Pain usually in the Loins; at first slight, lasting about a quarter of a Minute. There is generally an Interval of a quarter of an hour between each Pain, but as Labour advances these Intervals are of shorter Duration, and finally one Pain follows another successively. You can only discover the Progress of Labour by Examination. The woman to be laid on the left Side; & in this Position the left Hand is the most convenient for Examination. You pass up the 1st Finger, and you will find the Os Uteri more or less dilated, according to the Progress the Labour has made. And if Labour has made some Progress you will feel the Bag which contains the Water forcing down thro' the Os Uteri, being tense during the Pains, & relaxed when the Pains are off. —

the Bag in Time becomes so much distended that it breaks; And if the Bag is broken (which is sometimes the Case before you arrive) you will then feel some part of the Child. A Labour is not called slow, if it is over in ten or twelve Hours, but some last three or four Days, & are called lingering Labours. After you have examined, if you find the Os Uteri not much dilated, you ought not to examine again the next Pain; but after a few more Pains repeat it.

The Patient during the Intervals of the Pains, may sit up or lay in any Position which is easiest to her, provided the Labour is not far advanced. but when you repeat your Examination, she should be again placed on the left side as before.

As the Pains continue the Dilatation of the Os Uteri is greater, & you will feel the Bag forced into the Cavity of the Vagina, having the feel of a Bladder of Water. When you find the Os Uteri fully dilated, you ought to break the Membranes, which may be very easily done by pushing the Finger against it, or scratching it with the Nails. You will then generally feel the Head of the Child which is the most common Presentation: but at this Stage of Labour you ought to ascertain the exact Presentation. When the Child's Head is passing thro' the Pelvis, great Care ought to be taken that it does not pass thro' with a Jirk, for if it is suffered to pass out with any force, it is very probable that it will lacerate the Parts. You should support the Head of the Child with a

Cloth, and suffer it to protrude gradually, allowing the Parts time to give way. When the Pains are off, the Head will recede, & when they come on again, the Head will again be found down. As soon as you can, get hold of the Head, and place one hand on the Occiput and the other under the Chin, draw down gradually, using a slight degree of Force, and thus bring the Child into the World, little by little. When the Head is out, you should always examine, to discover whether the Navel String is around the neck of the Child, (for this sometimes occurs). if it is, you should depress the Occiput, & pass the Navel String over, or if this is worn to allow the Shoulders to pass this it may be managed in this way. You should observe not to pull the Child to any distance, but give the body a curved direction. The Child when it is released from the Womb, usually cries. But the Labour is not yet finished. The Practitioner has to separate the Child from the after Birth or Placenta. The Navel String by which the Child is attached to the Placenta, is composed of two large Arteries & a Vein. In order to separate the Child from the Mother, you tie a Ligature, composed of a number of threads so as to form a broad ligature around the Navel String about 2 Inches from the Child. You may judge when it is sufficiently tight from the Pulsation. Another Ligature is then to be tied, about an Inch

raise the woman, & then Divide it. — After this the Placenta will remain behind. But before you attempt to extract it; you should make it an invariable rule to examine in order to discover whether there is a second Child. When there are Twins, the Womb will feel tense and full as before the birth of the first Child. If there is not, you will feel a Lump, a little below the Navel. You should wait a little time before you extract the Placenta; & as a general Rule, you may say 10 or 15 Minutes, if there is no Discharge; if there is, something more expeditious must be done, but this will be treated of hereafter. The Chord is to be taken hold of with a Cloth; & the fingers of the right hand poised up in order to take hold of the fleshy part of the Placenta, & using equal force of pulling to each; for by pulling by the Chord alone, it will very often break, near the Placenta, & render it very difficult to extract. If the Placenta does not come away the first time, wait a little while, & then order the woman to hold in her Breath, & force down at the same time that you are pulling by the Chord. When this is done, the Patient should be kept still for an hour or so, & then put to Bed. — —

THE

PRINCIPLES AND PRACTICE

OF

MIDWIFERY.

MIDWIFERY is that branch of medicine which treats of pregnancy and its conſequences. It comprehends

Conception,
Utero geſtation,
Delivery,
After treatment, or recovery;

and, as a ſupplementary branch, may be added, the treatment of ſuch infantile diſeaſes as occur during the month.

Conception ſuppoſes a previous knowledge of the

ſtructure and œconomy of the organs of generation, and conſiſts of three parts:

1. Anatomical,
2. Phyſiological,
3. Pathological.

1. The anatomical part of generation comprehends a knowledge of the pelvis, as giving attachment to the genitals; as containing the womb and its appendages; and as being the part through which the child muſt paſs to come into the world.

The ſituation and ſtructure of the organs of generation, both external and internal, including the mons veneris, labia pudendi, frœnum, perinæum, pudendum, foſſa navicularis, clitoris, plexus reteformis, nymphæ, orifice of the urethra, hymen, carunculæ myrtiformes, vagina, uterus and its appendages.

2. The phyſiological part of generation explains the natural and healthy actions of the above-mentioned organs, or their uſes, as far as is known.

3. The pathological part of generation deſcribes the various diſeaſes to which the generative organs are incident, and the moſt effectual modes of adminiſtering relief.

The Pelvis is that Part of the Body below the Vertebræ, and is composed of a Bony Case or Bason. In the recent State it is connected together by Ligaments, but in the Dry State, by Wires &c. ——

The Standard Pelvis is that which corresponds with the greatest Number. — that is — If 80 out of 100 are alike, — the 80 are called Standards. — The Pelvis may be distorted, and these are called Deviations from the Standard Pelvis. ——

The Bones of the Pelvis are — two Ossa Innominata, — os Sacrum & os Coccygis. — but in the Fœtus the Ossa Innominata are divided into — the Ilium — Ischium & Pubis. And the complete Union of these Bones does not take place till 7 or 8 years after Birth — The reason why nature has formed the Pelvis of more parts than one, is, — that the different Parts may be capable of Mobility, when any thing is passing thro' them. ——

PELVIS.

What?

Of various kinds.

May be in two ſtates, viz. dry or recent.

The dry pelvis is firſt to be conſidered, afterwards the recent.

The pelvis conſidered with relation to its ſize—but there is more of one particular ſize than any other, hence a ſtandard.

The knowledge of a ſtandard pelvis is neceſſary, as being a fixed point to be kept conſtantly in view, and in relation to which the general rules of practice are founded. Afterwards the deviations from the ſtandard.

The pelvis is uſually conſidered in two views:

1ſt. As compoſed of bony pieces;

2d. As connected, forming the pelvis.

The latter is more ſtrictly the province of midwifery.

Adult pelvis is ſeparable into four bones, the fœtal into eight—the difference explained.

The names founded on the fœtal diſtinctions are uſually applied to the adult—how?

The common Engliſh names are neceſſary to be known—why?

The bones of the pelvis in connexion conſidered.

In the pelvis three parts merit attention, viz. brim, outlet, and cavity.

The Brim. Its boundary—figure. Moſt anatomical plates give a perſpective view rather than an obſtetrical one. The difference explained.

Its properties aſcertained by drawing lines through its center in the following directions:

1ſt. From ſacrum to ſymphyſis pubis.

2d. —— ſide to ſide.

3d. —— ſacro-iliac ſymphyſis to the oppoſite acetabulum.

The proportions and dimenſions of theſe lines.

An opinion of Dr. Smellie's examined.

Practical deductions.

The Outlet. Its figure ſomewhat irregular—becomes leſs ſo by adding ſome ſoft parts—how?

Its properties aſcertained by drawing lines:

1ſt. From os coccygis to the ſymphyſis pubis.

2d. —— one tuberoſity of the iſchium to the other.

Mobility of the coccyx conſidered, and its effect on the dimenſions of this part.

Practical deductions.

The Cavity—what?

Its true figure how aſcertained—depth at different parts—how much?

How to aſcertain the degree of the child's deſcent, and to avail ourſelves of this knowledge in the uſe of inſtruments.

The axis of the pelvis at its brim and outlet conſidered—the direction a line muſt have to paſs through

The Ossa Innominata form the lateral Sides of the Pelvis, and sometimes the Os innominatum has a sharp Edge, & creates a great deal of pain in pregnant women: which is best relieved by Bandages; the Pain is caused by the Womb's resting upon it. ——

The short Axis of the Pelvis is from, Sacrum to Pubis. — And the long Axis from Side to Side: therefore Nature generally places the head of the Child in a proper Direction that is the Face to one Os Innominatum, & the Occipital bone to the other. But sometimes an ignorant Practitioner places the Occipital bone a the Chin, on the brim of the Pelvis, and then it is necessary to replace it. before the woman can be delivered. ——

In the long Axis of the Outlet, it is from the Symphysis Pubis to the Os Coccygis: therefore the Occipital must be turned forwards, and nature generally does this, as the Head of the Child passes thro' the Brim of the Pelvis. But suppose the Head to be in its passage thro' the Pelvis, and in the same Position as it passed thro' the Pelvis, and the pains nearly gone off, then the Forceps applied to the Head, ~~then~~ will in proper hands place the Head in its proper position: that is — being the long Axis of the head, in the Direction of the long Axis of the Pelvis. ——

The Cavity of the Pelvis, is different in the different Parts; the Axis of the Pelvis is a curved Line, which is necessary to be known in the Introduction of Instruments, as they ought always to be introduced & extracted in a curved Line. ——

When the Lines are shorter than the Standard Pelvis, it is then called a short Pelvis, and when the Lines are longer it is called a large Pelvis. And there are Pelvises whose Sides are crooked, these are termed a distorted Pelvis. and it is of Consequence in time of Labour, to know which side is the largest, so that we may draw down on that Side: but in these Cases it is generally necessary to lessen the Head of the Child. but it sometimes happens that the narrowness is from before, backwards. But it also sometimes occurs, that a narrow Pelvis at the Brim has a great deal of room below: and here the long Forceps are useful. On the Contrary, there may be sufficient room above, & a want of room below. The Foundation of these are generally laid in childhood: but it is not always the Case. The Distortions that come on after women have born many Children, arises from a Disease called Mollitiis Ossium, & this produces such a difficulty in Parturition, that the Caesarian Operation must be performed, or the woman die undelivered. This arises from an Exostosis of the Bone. ——

through them both—the application of this to the paſſage of the child through theſe parts.

Practical deductions.

Deviations from the Standard Pelvis.

Theſe are either in ſhape or dimenſions.

When in ſhape, it may be deformed or diſtorted.

——— dimenſions, it may be large or ſmall.

The kinds of deformity diſtinguiſhed.

The general characters of a deformed pelvis.

Cauſes of diſtortions, are rickets or mollities oſſium.

Pelvis may be diſtorted partially or completely.

Diſtortion is partial when at the brim only, or the outlet only.

——— complete, when both are affected.

Criticiſm on Levret's opinion upon the ſubject.

Directions of diſtortions are either from before, backward, or from ſide to ſide.

The varieties are dependent on the degree of ſoftneſs at the different parts, together with the incumbent preſſure.—This explained.

Practical reflections on the degrees and varieties of diſtortions.

Exoſtoſes, and other irregular bony projections, conſidered with regard to their effects.

We judge whether a pelvis be deformed or not in two ways—one probable, the other certain.

The probable way regards the effects of rickets on the ſkeleton in general, producing flatneſs of

forehead, deformity of the trunk and extremities; alſo accidental deformities of the ſpine—the connexion of theſe with a deformed pelvis.

The certain way is by meaſurement.

The different modes of meaſuring explained, together with cautions neceſſary to prevent miſtakes.

The parts to be meaſured are the brim and the outlet.

The rules for meaſuring explained on a ſtandard pelvis, and afterwards on pelves of various degrees of diſtortions.

The inconveniencies of a ſmall or diſtorted pelvis are, laborious parturition in its different degrees. Some think it diſpoſes to a retroverted uterus.

The inconveniencies of a large pelvis are according to the ſtate of the ſoft parts. When ſoft parts are diſpoſed for labour, delivery might be too ſudden; when not diſpoſed for labour, ſometimes a prolapſe is threatened—laceration of perinæum—retrovertion of the uterus.—Practical obſervations.

Male and Female Pelvis diſtinguiſhed.

By the latter being leſs maſſy but more capacious—Ilia more diſtant—brim more oval—acetabula ſmaller, and at a greater diſtance—ſhallower—ſacrum leſs curved—angle of the pubis larger.

Bearing of the Pelvis on the Trunk.

A ſtraight line cannot paſs through the axis of both—their different axes explained—how to place the

When the narrowing of the Pelvis is above, and there is room below, then after the head has passed the Brim, the Labour will end well. But on the contrary if there is room above and want of room below, then great difficulty occurs, and it is often necessary to open the Head of the Child. ——

When women are moved in the Brim, it is no reason why the Pelvis must be distorted: for such women may have good Labours. And on the contrary some women may have a good Spine and yet a Distorted Pelvis: — but when the Curve is so great that the Lumbar vertebræ, Spine, & Sacrum are thrown forward, then the Pelvis is narrowed. When there has been a softness of the Bones, the Legs are crooked in general & the Pelvis being soft & the pressure very great, by supporting the whole weight of the Body, that will also yield & become a Distorted Pelvis. ——

It may be proper to inquire if there has ever been any Disposition to Rickets. — but the Curve may arise from other Causes, independent of a constitutional one. — such as Girls carrying heavy Burthens, or being employed in Nursing Children: & also those people who are employed in Quilting.

but, the only way to ascertain this is by Examination: ——— The Head may rest on the Brim of the Pelvis, and we can't be engaged why? — It may arise either from the Head of the Child being large, or from a distorted Pelvis. Different Instruments have been used for measuring the Pelvis: but the Fingers will answer any purpose. ——— In a Standard Pelvis three may be three Fingers passed up close to the Pubes. and if we find we cannot pass up more than two, we may conclude there is a narrowing. but when there can be only one passed up, we may then conclude that there is a considerable Distortion. And then it becomes so very narrow that the Cesarian Operation becomes necessary, or the Woman dies undelivered. ———

It appears, the Head may present in very different Positions; the most common is the Vertex, which is the natural Presentation. — The Face Presentation is very common, but not so favourable as the Vertex, also the Ear &c. but it appears that a Standard pelvis will suffer a Standard Head to pass in any Direction; but not with the same ease in one as it will in another. An oblique Position of the Head is not so favourable as the Vertex. ———

The Inconveniences arising from too large a Pelvis are many. —— The Pelvis makes no resistance, & the Head of the Child may be pushed into the world with one Pain: And this may happen when women are from home, or when walking. The Funis might be snapped off; & the Child hurt by falling on the Ground: the Placenta would be torn away, & Hæmorrhage produced: or the Womb inverted. Or the Child may pass away in going to Stool. —— It sometimes happens that Women may destroy the Children, or they are destroyed by some means; & then the opinion of a Medical Man is often required. Dr. H. thinks, women may make a Mistake between Labour and Cholic Pains. —— But however the general run of things must be observed; and if the Woman has not provided for it, that must not condemn her. —— In women with large Pelvis, they should not be suffered to sit, or stand up during the time of pain. the external parts should be supported. If this is not done, the Woman may be liable to Procidentia Uteri. In a large Pelvis, the Womb may be retroverted, & this generally happens about the 8th month. ——

The distinguishing Marks between the Male and Female Pelvis, are — The Distance is greater from one Crista of the Ilium to the other in the Female. The Curve of the Linea Immominatum is much greater than in the Male. — The Acetabuli are nearer each other in the Male. The Pelvis is not so deep in the Female as in the Male. — The OS Sacrum is more curved. The most material difference is the distance between the Angle of the Pubis, which is much greater in women. ——

A Standard Head will pass thro' a Standard Pelvis with more or less ease, according to the Part which presents. Presentation means that Part which is opposed to the Centre of the Pelvis. The most common Presentation is the Vertex. The Face may be situated either towards the Sacrum or Symphisis Pubis. Thus the difference between Situation and Presentation. ——

The Pelvis with regard to the Trunk, and the most convenient Position for women in Labour, and for the Convenience of the Practitioner, is laying on the left Side across the Bed. — When the Vertex presents & it passes thro' the Pelvis, the occipital Bone is on one Side, & the Face on the other. As it passes thro' the Pelvis, Nature generally turns the Face into the hollow of the Sacrum. But on the contrary when the Face turns towards the Pubis, it creates some little Difficulty, and endangers Laceration of the Perineum. — In the Face Presentation, the Head generally turns the ~~Head~~ Face towards the Pubis, and that makes it more troublesome. In the Face Presentation a person with one Blade of the Forceps may turn it into the Vertex Presentation, by passing the Instrument on the Side of the Head, and the Fingers acting on the other. — The Head Presentation is generally turned into the face Case, in its entering the Pelvis. — The Presentation of the Head is very easily detected, by the bony Surface of the Suture & the Sutures & Fontanelles. — The Face is discovered by the Orbits mouth, & Nose. — In the Back, the Spine & Ribbs. — The Shoulder is known by its Cylindrical form, & the Axilla &c. — The Extremities are known from each other, by the Heel & Foot. — In the Vertex Presentation, one ear is to be found on the Pubis, the other on the Sacrum. Sometimes the Edges of the Parietal Bone are very much apart, and this generally

body so as to have the brim vertical, horizontal, oblique, &c.—Practical observations.

Child considered in relation to the Pelvis.

A standard child can pass through a standard pelvis only in three directions. What?

Its head, being the largest part, requires particular consideration, as passing through a pelvis more or less easily, according to the part which presents. Hence a necessity of having precise notions concerning *presentation*, and the distinction between it and *situation*—Explained.

Different presentations of the head considered, with their advantages and disadvantages.

What circumstances must concur to make the best possible presentation and situation.

How this matter is affected when the head rests on the brim of the pelvis, or has descended to its outlet; a general principle deduced therefrom, and its application to practice fully illustrated and explained by different cases.

But a practical knowledge of this principle cannot be acquired until the characters of the fœtal head are known.

Fœtal Head described.

Its general figure, oval, or oviform—the long axis of which, considered in relation to its passage

 through

through the pelvis, varies according to the particular preſentation.

Hence dimenſions ſhould be taken at different parts, viz.

		Inches
long axis.	From vertex to chin (the longeſt line)	5 1/4
	Inferior part of occiput to upper part of the forehead (ſhorteſt line)	4 1/8
	Upper part of occiput to forehead medium line	4 1/2
ſhort axis.	From the protuberance of one parietal bone to its oppoſite	3 1/2

But the dimenſions of the head are not preciſe from the great mobility of the bones. Their number and mode of connexion contraſted with the adult head; the fœtal cranium having twelve bones connected by moveable ſutures; while the adult has only ſix bones, joined by immoveable ſutures.

The mobility reſulting from the above characters of the fœtal head highly advantageous in parturition.

The fontanels of the head are two, viz. *large* and *ſmall*, formed by a defective oſſification at the junction of ſome of the ſutures—their varieties demonſtrated, and their uſe in detecting preſentation and ſituation explained.

Practical obſervations on various preſentations of the fœtus, modes of diſcovering them, together with cautionary remarks.

Ligaments

The twelve Bones which compose the Fœtal Cranium, are — Two Frontal. — Two Parietal. — Four Temporal. — and — Four Occipital.

The second Pelvis contains the Uterus and its Appendages. One the fore part is situated the Bladder, and on the hind part the rectum. And it has in its composition — Arteries & veins — viz: the Iliac Arteries & veins / — Psoas Muscles — Nerves — Absorbents, and Lymphatic Glands.

The Nerves which are contained in the Uterus are three in number. — The Anterior Crural nerves, which is situated the highest — a little below is the Obturator which is the smallest; — and the great Sciatic nerve

Ligaments of the Pelvis.

Ligaments that connect the bones of the pelvis are ſtrong and inelaſtic. Theſe are,

1ſt. Ligament connecting laſt lumbar vertebra and ilium.

2d. Sacro iliac ligament, internal and external.

3d. Sacro iſchiatic ligament, crucial.

4th. Sacro coccygeal ligament, for mobility of the coccyx.

5th. Ligamentum foraminis ovalis for muſcular attachment.

6th. Symphyſis pubis, formed by a cartilaginous covering on each articular bony ſurface, with intervening ligamentous matter. The chief ſtrength depends on ſtrong ligamentous fibres ſurrounding the joint. It ſometimes contains a gelatinous ſubſtance, at others, pus.

This laſt not uſually the conſequence of laborious parturition—more commonly from ſpontaneous diſeaſe.—Symptoms and treatment conſidered.

Do the ligaments of the pelvis yield in laborious parturition?

A general view of the contents of the Pelvis.

The dry and recent pelvis compared.

The latter contains the uterus and appendages, the bladder, rectum, beſides blood veſſels, nerves, &c. Room is neceſſary for the lodgment of theſe parts

parts—hence the real ſpace for the paſſage of the child is diminiſhed; it occaſions ſome reſiſtance, but is overcome by preſſure.

Preſſure deranges the functions of theſe parts—when on the bladder, either retention of urine or frequent micturition—when on the rectum; teneſmus, conſtipation and hæmorrhoids—on the iliac veins and abſorbents; oedema of the lower limbs—on the nerves; numbneſs with cramps.

The room of the pelvis is frequently diminiſhed from malpoſition of parts and morbid enlargements.—Explained.

ORGANS OF GENERATION

are

External and Internal.

How diſtinguiſhed.

External comprehend, Mons veneris, labia, frœnum, clitoris, foſſa navicularis, nymphæ, hymen, and carunculæ myrtiformes: to which may be added, orificium urethræ.

Theſe different parts anatomically deſcribed.

The Labiæ are ſubject to various diſeaſes, as, Inflammation, pruritus, coheſion of the labia from malformation or excoriation, ulceration, tumors.

Inflammation.

which is the largest, & situated the lowest down of the three. ——

The Mechanical Pressure on the Rectum, will produce Constipation; causing a Quantity of Faeculent Matter to be accumulated; and bring on Fits of Cholic. Therefore Aperient Medicines are necessary. ——

The Haemorrhoids are Enlargements of the veins which return the Blood from the Rectum. hence the Haemorrhoidal veins. ——

Swellings of the lower Limbs is what women call breeding the Dropsy — but these accumulations of water are not always to be considered Dropsical, for Pregnant women are very subject to them. These Swellings are sometimes situated on the lower part of the Abdomen, and the upper part of the Thighs. —— Support the Parts, and give Aperient Medicines. ——

External Parts. ——

The Prominence of the Mons veneris, is from the Adipose Substance there placed. This Substance is continued downwards, till it seperates into two Parts called the Labiae Pudendi. which Labiae are thicker at the upper part, than the lower. ——

When these Parts are inflamed, they may be treated as in common Cases of Inflammation, with cooling washes. Saturnine Ointment &c. but if it is accompanied with great heat, & severe Pain, darting up into the body, it will be proper to enquire more minutely, in order to discover whether the Cause of it may be Cancerous. ——

When Sympathetic of Irritation in the Bladder, a very useful remedy is an Injection of Oil & Opium in the Proportion of ℥j of Tinct Opii to ℥iß of Oleum. & to be injected into the Bladder, after the Bladder has been emptied. Also. Oil & Aq: Calcis. - But if the symptoms of Irritation cannot be removed by the common Means; there is reason to suspect the presence of Calculi. ——

Cohesion is generally discovered during Infancy: and is best relieved by the Knife. ——

All Ulcerations of these Parts are not to be considered venereal: for they may have a very Chancrous Appearance, & yet not be at all connected with the Disease. First apply some simple remedy: & if the common applications fail; you may then try a mild Mercurial Course. but if the Effects of the Mercury cause Debility, & the Parts seem disposed to spread further, it will be proper to discontinue the Mercury. ——

When these Tumours arise from Hernia it may be distinguished by the sudden Appearance and Disappearance of the Tumour, & from its altering its Size according to the different motions & Positions of the Patient. - As when the Patient is in a recumbent Posture, that Portion of Intestine which is ruptured may be reduced; & the Tumour

Inflammation. Treated generally with ſucceſs by the uſual modes.

Pruritus. Treatment to be regulated by its cauſe. —When from a herpes, by preparations of lead externally, neutral ſalts, &c. internally.—When from aſcarides in the rectum, by vermifuge medicines.—When ſympathetic of irritation in the bladder or urethra, by injections and other means.—When connected with plethora, by v. s. cathartics, &c.—When dependent on no evident cauſe, it is often obſtinate.

Coheſion. When exiſting at birth, requires conſideration before an operation can be propoſed, what? —When the conſequence of excoriated ſurfaces, ſeparation is admiſſible.—Treatment.

Ulcerations. Not to be haſtily conſidered venereal, though unhealthy in their appearance—why? Simple applications to be tried firſt—Their further treatment.—Sometimes ſeated in the genitals of female children, having a very chancrous appearance, yet not venereal.—Treatment.

Tumours. May ariſe from herniæ, œdema or anaſarca, extravaſated blood.

When from *herniæ*—how known.

Œdema. May ariſe from preſſure of the uterus, or

or general anaſarca—the diſtinction deſcribed with the treatment, viz. cathartics, fomentations, preſſure by bandage—the propriety of ſcarifications conſidered.

Extravaſated blood. May ariſe from accidental injury, or labour.—When relievable by puncture, when not.—Sometimes form abſceſſes, their treatment.

A further deſcription of the Clitoris, Nymphæ, and Plexus Reteformis, with their œconomy and diſeaſes.

Clitoris. But diſtantly analogous to penis, having neither corpus ſpongioſum, nor urethra.—Communicates with the plexus reteformis—the circulation in them deſcribed.—Clitoris enlarged, improperly called Hermaphrodites.—Obſervations on this ſubject.—Diſeaſes.

Nymphæ. Figure, ſtructure, ſuppoſed uſe.—Their preternatural and morbid enlargements.—Nymphatomia.—Cohæſion, its character and treatment.

Orifice of the Urethra.

A correct knowledge of its ſituation important in practice, why?—Miſtakes which have ariſen from the want of this knowledge.—Rules for finding it.

—How

will disappear; but when the Patient uses any Exertion, the Intestine is forced down again thro the Abdominal Ring: causing a Tumour. ——

The Labia are also sometimes enlarged, proceeding from Oedema of the lower Extremities. And if there is a large Quantity of water in them, it causes great Uneasiness in walking — These Tumours may be removed by the Mechanical Pressure of a Bandage, one Part being put round the waist, & the other part, brought between the thighs, & fastened is such a manner as to keep up a moderate Pressure upon the Parts. ——

Tumours will also arise in the Labia from extravasated Blood, by some of the small vessels being ruptured. And they will occur when the Labour has not been at all laborious. At other times they proceed from Accidental Injuries. ——

In the Treatment of these Tumours, provided the Patients apply directly, while the Blood is in a fluid State, you may puncture them, & let out the Blood; — Sometimes if the Quantity of blood is very small, the Absorbents will take it up; & they may be assisted in performing this Office by Astringent Lotions. — But if the Quantity of Blood is considerable, the Absorbents cannot take up the whole, but only a small portion. — And the remaining blood coagulates, an Ulcerating Process goes on, & it sloughs away little by little; during which Process the Patient is in great Pain. ——

Leeches have been applied to these Tumours, but they do not appear to penetrate a sufficient depth, to let out the Blood, & give effectual Relief. ——

The Clitoris consists of three parts projecting. In Children, it has been found to project more in Comparison than in Adults. — Its Substance is Cellular, & it has Arteries & veins. — The Sensibility of this Part is very great, & frequently so much so, that even the Linen touching it, causes severe Pain. — This may be relieved by a Lotion of Oil & Opium ——

The Nymphæ in Shape resemble a Myrtle leaf, tho' they sometimes differ: They are subject to Enlargements either preternatural or morbid. In these Enlargements we sometimes have recourse to an Operation called - Nymphatomia - Which is to take off the superficial Part with the Knife. No Danger will arise from Hæmorrhage, as a little pressure will stop it.

The Nymphæ are formed by a Doubling of the Integuments, without any Adipose Substance.

The Orifice of the Urethra is situated at the lower Edge of the Symphisis Pubis; The manner of finding it is, to separate the Labia with the two first Fingers, & then introducing one Finger, discover the Prominent Part of the Clitoris, which may be easily distinguished. And passing the Finger on in a Straight Direction, - One Inch lower down you will discover the Orifice of the Urethra.

Sometimes there is another Orifice situated close to that of the Urethra, called a Lacuna. - but this may be easily distinguished: for in introducing a Catheter, it will readily pass up the Urethra, but in a Lacuna, it will meet with Obstruction. Therefore when there is any Impediment to the Catheter, much force should not be used.

As the Bladder by Retention of the Urine, becomes more and more distended, - great Pain and Fever is produced; - and the Bladder in time being filled, and unable to contain more Urine, - the consequence is - it bursts and the Patient Dies -

Sometimes women are afflicted by their Urine dribbling from them in small Quantities, but not sufficient to give them ease; - They then say they cannot retain their Urine, - but the reason is - A Portion of Urine not escaping thro' the Urethra, remains in the Bladder, and in the course of time distends it as before. ———

The only method of giving relief to Patients, in some Cases of this Kind, is by drawing off the Water with a Catheter. The Catheter is more difficult to introduce in an inflamed Urethra, than in a natural State, & the Female Urethra, is subject to Inflammation as well as the male. —

The greatest Delicacy ought to be observed in the Introduction of a Female Catheter. ———
In the first place we must not place ourselves immediately in the front of the Patient but on one Side; for by placing ourselves in the front we might be apt to have some indecencies - but for so doing. ———

—How distinguished from a lacuna.—Length and characters of its canal.

The female prostate of *Bartholin.*

Retention of Urine.

Symptoms. Pain, tension, symptoms of irritation, great distention, sometimes a stillicidium.—Explained.

Consequence. Bursting of the bladder, and death.

Causes. Either pressure, inflammation, or spasm. Causes acting by pressure enlarged upon.

Treatment. Variable, according to the peculiarity of the cause.—When from inflammation; bleeding, evacuations, warm bath, &c.—Spasm may require opium, &c.—In all cases distention of the bladder must be relieved.—Observations on catheters, with the mode of introduction.—Cautionary practical remarks.

Miscellaneous considerations on retentions of urine, and their connexion with other complaints.

Incontinence of Urine.

May arise from loss of tone in the urethra, or loss of substance in the bladder.

These

Theſe muſt be diſtinguiſhed from each other, how?—The firſt may often be relieved by time, tonics, as the cold bath, chalybeats, &c.—Cantharides externally or internally.

The laſt ſcarcely admits of a cure.

*Caruncul*æ *Myrtiformes, and Hymen.*

*Caruncul*æ *myrtiformes.* Why ſo called?—Number indefinite—how formed—ſometimes enlarged and painful from diſeaſe—not always venereal—Treatment.

Hymen. Situation—in children very evident—in adults often wanting—has no determined character either in infants or adults—varieties in both ſtates ſhown on preparations—probable uſe—wanting in brutes.

——— *cribrated.* Is it an obſtacle to impregnation?—Obſervations favour the negative.

——— *imperforated*, coeval with the formation of the fœtus, though frequently not diſcovered until puberty.—Symptoms leading to a ſuſpicion of this.—The conduct to be obſerved by the practitioner in ſuch a caſe—the fluctuation of menſtrual fluid, as perceived through this membrane, has been miſtaken for the water in the fœtal membranes.—Further practical remarks.—Treatment.

Internal

you first proceed to find out the Orifice of the Urethra and having found that, you introduce the Catheter, keeping your finger as a Guide. And then by depressing the Hand, raise the Catheter in a course of Direction. ——— When the Catheter is introduced you withdraw the Stillet, and the Urine will flow from the Bladder. ——— You will know when the Bladder is emptied, by the Urine ceasing to flow in a Stream. ——— Sometimes however, the Urine meets with some Impediment in its passage, and ceases to flow suddenly. You should then change the position of the Instrument, and the Urine will flow again. ———

Incontinence of Urine in Females, sometimes arises from the Head of the Child, during Labour, pressing upon the Urethra. ——— It may arise from loss of Substance in the Bladder, in which case, no remedy has been found to give effectual Relief. ——— You will also sometimes find an Orifice situated at the back of the Bladder, and the Urine passing its passage thro this hole, passes into the Vagina, causing a great degree of Inflammation. ——— And when this is the case, if you introduce a Catheter, it will pass out of this Orifice into the Vagina. ———

The Hymen is situated at the entrance of the Vagina, and in Adults when the Menstrual Discharge comes on, it sometimes occasions Inconvenience by not suffering the Fluid to pass away, but retains it in the Vagina, where in time it becomes of a thick Substance like Jelly. ——— Before the Menstrual Discharge appears, the Patient complains of Pain in the Loins, Giddiness, Enlargement of the Breasts &c. ——— When these Symptoms disappear when the Menstrual Discharge comes on. ———

But if the Patient experience these Symptoms
and particularly if they appear during the time of
Menstruation — it may be proper to proceed to an
Examination in order to discover whether the Fluid
may not be obstructed in its Passage by the Hymen.

The Vagina in its Figure, is narrowest at its Commencement, longer & more capacious in the Middle, & narrower again at its Termination where it joins the Uterus. ——— Its Course is nearly similar to that of the Urethra, being moderately curved.

The internal Surface is very irregular, being formed of a number of Doublets, or plicated Membranes called Rugæ. — These generally run transversely, but they are sometimes found running in an oblique Direction. — These Rugæ are more numerous and more prominent at the lower Part of the Vagina, than at the upper Part. — Their Structure by being in the form of Doublets, unfold themselves during the time of Labour, and by that means allow more room for the Head of the Child to pass out. ———

The Vagina is frequently the seat of Inflammation, this may arise from different Causes. ——
It is sometimes Rheumatic, at other times Erisipelatous. — ———
It may proceed from Labour, by the Head of the Child misplacing the Parts. — ———

Internal Generative Organs.

Theſe comprehend a part of the clitoris with its erector muſcle—the vagina with its ſphincter—the plexus reteformis—the uterus with its appendages.

The clitoris and plexus reteformis have been already conſidered; the remaining parts are the vagina, uterus, and appendages.

Vagina.

This is the canal leading to the uterus, and connected with it and the external organs.

Situation. Between bladder and urethra before, and *rectum* behind, and connected to them by cellular membrane.

Figure. Not cylindrical, moſt capacious in its middle.

Courſe. Moderately curved, making an obtuſe angle with the uterus.

Structure. Of a peculiar kind, and there enter into its compoſition, arteries, veins, abſorbents, and nerves.

Internal ſurface. Conſiſts of a plicated membrane (rugæ)

(rugæ)—courſe of the plications is variable, viz. oblique and tranſverſe—varieties both in the human ſubject and brutes—uſes.

Diſeaſes, are inflammation and its effect; ſuch as ſuppuration, contractions from cicatrices, coheſion, mortification, and ſloughing, &c.

Treatment of the inflammation will vary according to its kind and ſtage—is ſometimes phlegmonous, and others ereſipelatous. Theſe diſtinctions deſcribed, with their appropriate treatment.—Alſo the effects of inflammation extenſively conſidered.

Uterus.

To be conſidered in two ſtates, viz. vacuity and impregnation.

1ſt. Unimpregnated uterus.

Figure. Pyriform and flattened—compared to a wine flaſk inverted, from which reſemblance names have been given to its parts, viz. body, fundus, neck, and mouth.—Its flatneſs greater on the anterior than the poſterior ſurface.

Size. In general three inches in length; one half belongs to the body, the other half to the neck.

The diviſion into body and neck evident on the internal ſurface, from the peculiarities of the lining membrane.

Subſtance.

In Phlegmonous Inflammation, the Disease is more disposed to seek Parts of Substance, as the Cellular membrane, than to affect Superficial Parts. ——

In Erisipelatous Inflammation. the Swelling is less — the Constitution has less Strength; — and is marked by the Pulse being quick — but weak. — In Phlegmonous it is active and firm. ——

In Erisipelatous Inflammation — Injections of an Astringent nature may be thrown up — as red wine — a weak Solution of Allum &c. — And the Pulse will also frequently direct us to the necessity of having recourse to Internal Medicines of the Tonic Class — as Bark — with Conf: Aromat: — red wine &c being regulated by the Strength & Constitution of the Patient. — Small Doses of Opium will also sometimes be necessary. ——

The anterior Surface of the unimpregnated Uterus is flatter than the Posterior. It is an organized Body, having the Fillopean Tubes running into it. ——

It has in its Composition, Arteries — veins — Absorbents, and nerves. ——

It is situated about the middle of the Pelvis, being nearly as high as the Brim of the Pelvis.

In Fœtuses it is higher, but comes down gradually. & in the Adult, it nearly on a line with the Brim of the Pelvis.

Subſtance—muſcular, having arteries, veins, abſorbents, nerves, connected by denſe cellular membrane.

Cavity conſiſts of two parts, viz. one larger and triangular, belonging to the body; the other conical, to the neck.

Situation near the middle of the pelvis, between the bladder and rectum; higher in fœtuſes than in adults—changed from morbid cauſes. Hence procidentia, retroverſio, hernia.

Procidentia, its ſigns and diſtinguiſhing characters —cauſes—treatment. Obſervations on peſſaries.

Retroverſio will be conſidered when on the pathology of pregnancy.

A caſe of hernia uteri related by Sennertus.

Os uteri—its ſynonima—a preciſe knowledge of its natural ſtate neceſſary to judge of pregnancy or diſeaſe—its varieties in the healthy ſtate are many—(theſe demonſtrated on preparations)—ſometimes obliterated.

Cancer Uteri.

No age perfectly exempt, but the middle and advanced periods are moſt liable.

Its commencement ſometimes inſidious, like the fluor albus, combined with irregular menſtruation.

In old women it reſembles returning menſtruation.

The particular ſymptoms and progreſs traced; and its effects demonſtrated on preparations, from its origin in the os uteri, to the deſtruction of almoſt the whole uterus, bladder, and contiguous parts.

Treatment, confined to palliation. Obſervations on different remedies.

Polypus Uteri.

Theſe are ſeated in different parts, as its cavity, neck, and mouth.

Some polypi are attached to the vagina.

The origin, growth, and varieties, demonſtrated on preparations.

Signs by which the place of attachment may be known, and the incidents connected with each—obſervations on their hæmorrhages—under what circumſtances a ſpontaneous ſeparation may happen, with cautionary remarks on this head.

Polypi ſometimes combined with inverſion of the uterus—(a preparation) with practical remarks on.

Polypi muſt be diſtinguiſhed from other complaints bearing a reſemblance, as prolapſus and procidentia, inverſion, &c.

Conſiderations on polypi prior to tying, viz. whether of the mild or cancerous kind—the proper time for tying—ſize of the peduncle—neceſſity of diſtinguiſhing the os uteri; with practical obſervations.

Different inſtruments uſed for the operation, with the management of them.

Fluor

— Is accompanied with severe Pain & great Discharge, But as it is a very uncommon Occurrence for old women to have returning Menstruation; if we are consulted on this Subject. we may suspect that the Disease is Cancerous. ——

In the Commencement of this Disease, there is a Discharge similar to the Fluor albus, combined with Irregular Menstruation. —— When it has made a little Progress, the Discharge continues equally the same, when free from Menstruation. —— The reason of the Discharge being red, proceeds from the Bleeding of the Vessels. After a time the Pain becomes more severe, darting inwards, & accompanied with violent Discharge. — Inability to retain the Urine, — & in time, all Controul over the Bladder is lost. ——

This Disease sometimes runs backwards, forming a Communication with the Rectum. ——

The chief remedy given for true Cancer. is Opium, increased by Degrees, merely to mitigate the Pain. ——

— A Polypus is a fleshy Substance growing from a Part. — Any Part may be the Seat of a Polypus. — Sometimes Polypi are attached to the Vagina. But the Polypus Uteri is situated either in its Cavity. — neck — or mouth —— The Signs by which the place of Attachment may be known are these. ——

If it is situated in the Cavity of the Uterus, the Finger may be passed all round the Polypus. ——

If in the neck, it can be passed only partly round the Polypus. — And if in the mouth, it cannot be passed round at all. ——

The Polypus will acquire considerable Magnitude, & sometimes by its Gravity, draw down the Uterus. ——
The Polypi arising from the Cavity are said to be more subject to Hemorrhages than others, but they are alleable to it. — Sometimes the Polypi which are situated in the Cavity, will separate spontaneously, and then is always great Uterine Discharge. ——

A Polypus ought to be distinguished from all other Complaints, bearing a resemblance, as Prolapsus — Procidentia — Inversion ——

In a Polypus we do not expect to find a ruby Bloom like the Vagina, — nor an Orifice like the Os Uteri. —
The Womb is sometimes inverted from bad Management in extracting the Placenta: & is sometimes mistaken for a Polypus. — We should therefore carefully enquire into the History of these things, and if we find that it occurred during Labour. we may suspect it to be Prolapsus ~~Uteri~~ Vaginæ. — Again — The Polypus is insensible, — the Uterus sensible. ——

The common Method of treating Polypus is by tying a Ligature round them. But in doing this you should distinguish the Os Uteri. for if that is included in the Ligature, the Consequences will often prove fatal to the Patients. It may be known, by the Sensibility, or Insensibility of the Parts. ——

When the Ligature cannot be pushed any more, in a few Days the Part becomes putrid & disagreable, the remaining part may then be divided with the Knife. —— But when a Polypus is removed, we cannot always be certain it will not grow again. ——

Procidentia has the ruby Surface of the Vagina, —
Prolapsus is marked by its Rugæ, & may be reduced to its proper Situation. — If it is Prolapsus there will be Hæmorrhage; & at their time of menstruation, there will be a more excessive Discharge! —

The Fluor Albus arises from secreted Mucus on the Surface of the Vagina. -- When this Discharge is in so large a Quantity as to stain the linen, it may then be considered morbid. ——— The Patient complains of Pains in the Back, - Indigestion - and the primæ viæ do not perform their Office. ———

The Discharge is not always white, it is often yellow and sometimes greenish. --- This Discharge ought to be distinguished from Gonorrhea; but this cannot always be done by the Colour. --- Gonorrhea is accompanied with Inflammation, - Scalding of Urine &c. --- Some Cases of Fluor albus are also attended with some degree of pain in voiding urine, when the Inflammation runs higher than common. --- The only true Criterion is, - its having the infecting power. Sometimes however it will produce slight Excoriations in the Male. ——— We should however enquire into the moral Character of the Woman. ———

If the Patient is Plethoric, Evacuants may be employed, — If possessed of a florid Countenance, Blood-letting may be useful. But if the Patient is of a pale Countenance & weakly Constitution, — Tonics should be employed, - and here - Allum may be advantageously combined with Back, and Aromatic Confection. - given in Doses of 3 or 4 Grains - three times a day. - Also Allum: gt. ij
-- Zinc: vitr - gt. i Mf ter die sum.

When internal remedies fail - An Infusion of Green Sea may be used cold - and Rose leaves -- Allum and water — But if these remedies all fail there are Grounds to suspect Cancer. — ———

Fluor Albus.

What?

Colour not always white.

Should be diſtinguiſhed from other complaints, as cancer and gonorrhœa.

Diſtinguiſhed from cancer by the abſence of the uſual ſymptoms of cancer.

From gonorrhœa the diſtinction is not always obvious; hence ſome ſtreſs might be laid on the moral character.

Seat, in the cervix uteri, os uteri, or vagina.

It may accompany a plethoric ſtate, or a ſpare habit, with relaxation, and thus occaſion variations of treatment.

Cure varies with the cauſe; and therefore cathartics, tonics, cold-bathing, balſams, turpentines, and injections of different kinds, are occaſionally employed.

Tympanites Uteri

Is a collection of air in the uterus, and eſcapes frequently by efforts of the body and other cauſes.

It is attended with ill health—ſymptoms variable, and frequently of the nervous kind.

Treatment. Tonic and nervous medicines, with a ſtrengthening regimen.

Hydatids in utero, will be conſidered on the gravid uterus.

Uterus conſidered as the organ of menſtruation, with practical obſervations on the morbid ſtate of that proceſs.

Appendages of the Uterus.

Theſe are four in number.

1. Fallopian tubes.
2. Ovaries.
3. Round ligaments.
4. Broad ligaments.

Fallopian Tubes. Attachment—figure conical and incurvated near the end—ſometimes ſerpentine—apertures—fimbriæ—internally plicated.

Structure—vaſcular, having arteries, veins, abſorbent and nerves—ſubſtance muſcular.

Uſe explained when on conception.

Diſeaſes.—Obliteration—dropſy—ſuppuration.

Practical obſervations.

Ovaries have a figure like the teſtes, their ſurface irregular—internally veſicular—more obviouſly ſo between puberty and the middle period—veſicles of unequal ſizes, and indefinite in number; after impregnation, become corpora lutea.—Their veſſels are called ſpermatics, but more properly ovarian.

Uſe

The Menses generally appear at the age of puberty, in Females of 14 or 15 years old. — At this time there is an Alteration in several parts of the Body. There is a general disposition of the Breasts to enlarge. — Sometimes however they do not appear till the 16 or 17 year; in others it begins at 12th or 13th year. When it appears so early in delicate Females it may be proper to check the Discharge in some measure. — In warm Climates it will sometimes begin at the 12th year. — and in cold Climates not till the 17 or 18th year. —

There are certain Symptoms which precede the discharge: a Sense of weight & heaviness in the Loins — painful hardness of the Breasts, — & in one or two Days the menses appear. —

In some women the discharge continues only a few hours; in some a day or two, — and in others a week. Delicate women generally have a greater Discharge than those of a robust habit of Body. —

The Periods of the return of menstruation are not precise. Some women can tell to a day when their menstrual Discharge will appear. whereas in other it will not appear for several Days — or a week, or even a Fortnight after the Expiration of the month. — When the Discharge is such a length of time before it appears, we may suspect that the Constitution is not in a good State. —

The Menses will sometimes meet with accidental Obstruction, such as taking Cold — wet feet &c. — Sometimes when the menses are coming on, there is great pain in the Region of the Pelvis, & in the Groin, — and these Cases are sometimes very obstinate. —

This Process may be discussed in a different way — viz by Flooding. — This does not proceed from the Vessels being ruptured, but by the mouths of the Vessels giving way too readily. It is sometimes accompanied with Plethora. — In this Case — Blood-letting — cooling medicines as Sal: Glab: — Sal nitri — Infus rosae may be used. — But we must always distinguish the difference of Constitution & proceed accordingly. —

There are some women who have slow Pulse - pale Countenance - & Symptoms of Debility; and yet a very great Discharge: here Tonic medicines should be given, &

℞ Cerus - Acetat - gr. i vel ij
Opii ——— gr. ß - M - 3 vel 4th hours sumd. -

We must observe not to give Cerus Acet. & Inf: Rosa at the same time as it causes nausea. - The Menses with women who are regular continue till the 40 or 50 year. In those which began early they cease early. - Before they entirely cease - they become irregular in their Periods of return. - missing a course & sometimes two. - But when they have been always regular, and cease suddenly: we may suspect the Constitution not to be entirely right: but when they go off gradually, the Patient finds very little Inconvenience. ———

When the Discharge ceases there is naturally a fullness of Blood. And it would frequently be the means of avoiding Indisposition if women would lose about 3 or 4 ounces of Blood at this time, & live on vegetable Diet, which makes a less quantity of Blood than a meat Diet. ———

Women are in the habit of having recourse to Aloetic Purges at these times, but they are not proper, as they tend to excite Action in the Uterus. The Pil: Galban: Comp - may be given with advantage, in doses to the Amount of half a Drachm in the day, which at the same time that it traces the Vessels, will act as a gentle Aperient. ———

Sometimes at the close of the Discharge, there is great pain in the Abdomen, which is enlarged: & from these Symptoms women are sometimes supposed to be pregnant: but the Swelling goes down in a day or two. The Parts also have not that hardness of feel as in Pregnancy. —

The Fallopian Tubes are about 3 Inches in length, becoming smaller in their Progress from the Uterus; have an uneven, fringed termination called the Fimbriæ. The Canal which passes through these Tubes is extremely small at their Origin, but it is gradually enlarged, & terminates with a patulous Orifice; the Diameter of which is about ⅓ of an Inch, surrounded by the Fimbriæ. — It is also lined by a very fine vascular Membrane formed into serpentine Plicæ. Thro' this Canal the Communication between the Uterus & Ovaria is preserved. — The Fallopian Tubes are wrapped in Duplicatures of the Peritoneum, which are called the broad Ligaments of the Uterus. but a portion of their Extremities thus folded, hangs loose on each side of the Pelvis. — They are organized bodies, & receive their Blood from the Spermatic Arteries. They are sometimes diseased by a Dropsical Accumulation. but this must happen when one end is stopped up by some means, for naturally both Ends are open. ——

The Ovaria are two flat, oval bodies, about one Inch in length, & rather more than half in breadth, & thickness: suspended in the broad Ligaments about the Distance of one Inch from the Uterus, behind, & a little below the Fallopian Tubes. ——
They are supposed to include a number of vesicles or ova, to the amount of 22, of different sizes, joined to the internal Surface of the Ovaria by cellular threads or pedicles; & that they contain a fluid which has the Appearance of their Lymph. These vesicles are to be seen in the healthy Ovaria of every young woman. They differ very much in their number in different Ovaria, but are very seldom so numerous as has just been stated. They prepare whatever the Female originally supplies, towards the Formation of the Fœtus: and this is proved by the operation of Spaying, which consists in the Extirpation of the Ovaria; after which the Animal not only loses the power of conceiving, but desire is for ever extinguished. ——

The outer Coat of the Ovaria together with that of the Uterus, is given by the Peritoneum; & whenever an Ovum has passed into the Fallopian Tube, a fissure may be observed at the part, thro' which it is supposed to be transferred. These fissures healing leave small longitudinal Cicatrices on the Surface which are said to enable us to determine, whenever the Ovarium is examined, the number of times a woman has conceived. ——

The Corpora lutea, are oblong glandular Bodies, of a yellowish Colour, found in the Ovaria of all Animals when pregnant & according to some when they are salacious. They are said to be Calyces from which the impregnated ovum has dropped: & their number is always in proportion to the number of Conceptions found in the Uterus. They are largest & most conspicuous in the early state of Pregnancy: & remain for some time after Delivery, when they gradually fade & wither till they disappear. The Corpora lutea are extremely vascular,

except at their Centre, which is whitish; and in the middle of the white part, is a small Cavity, from which the impregnated Ovum is thought to have immediately proceeded —

The Ovaries are found vesicular, containing a Gelatinous fluid, which is stimulated by Impregnation: they are liable to Inflammation & may produce Scirrous, or matter may form and discharge itself into the Abdomen or Fallopian Tube, & be discharged by the Vagina. — The Ovaries are also liable to a fleshy Extuberance, which will grow very large; If the Deposit is quite in the Ovaries, the pain is great. — In women of a spare habit, when the Ovaries are enlarged, it may be seen or felt thro the Parietes of the Abdomen. — These are Diseases which are little relieved by medicine. — The Ovaries frequently contain different Substances as Hair, Bones, Teeth &c. —

Dropsy of the Ovaries is frequently distending the vesicles of De Graff, & the tapping of the Ovaries entirely discharges the Fluid, as all these vesicles have communication with each other. & some Women have been tapped 20 or 30 times. — This Disease receives no relief from medicine, & it may go on for years without injuring the Patients Health. — There are sometimes mixed Cases, & when the patient is tapped there shall be no discharge. — One Ovarium may be diseased & the other sound & when this occurs with Pregnancy, it creates much trouble. —

From each lateral Angle of the Uterus a little before & below the Fallopian Tubes, the round Ligaments arise, which are composed of Arteries, veins, Lymphatics, nerves, & a fibrous Structure. These are connected together by cellular membrane, & the whole is much enlarged during pregnancy. They receive their outward covering from the Peritonaeum, & pass out of the Pelvis thro' the Ring of the external oblique muscle of the Groin, where the vessels subdivide into small branches, & terminate at the Mons veneris & contiguous parts. From the Insertion of these Ligaments into the Groin, the reason appears why that part generally suffers, in all the Diseases & affections of the Uterus: & why the inguinal glands are in women so often found in a morbid or enlarged State. —

The Duplicatures of the Peritonaeum in which the Fallopian tubes & ovaria are involved, are called the Broad Ligaments of the Uterus. These prevent the entanglement of the Parts, and are conductors of the vessels & nerves as the mesentery is of those of the Intestines. Both the Round & Broad

Uſe will be explained when on conception.

Diſeaſes.—Abſceſſes, the matter ſometimes diſcharged by the tube—fleſhy ſubſtances progreſſively increaſing for years; ſometimes with little injury to health—oſſification.

Dropſy.—Its origin, progreſs and ſymptoms diſtinguiſhed from aſcites—different quantities of water found—palliated by tapping, but refractory when medically treated; yet ſometimes cured by accidents which have burſt the cyſt; inſtances of it.

How far is extirpation of the ovary, in an early ſtage of the complaint, eligible?

Difficulties attending the project.

Ovarian enlargements, ſometimes in part from fluid, and in part from ſolid matter.

Practical remarks on tapping in different caſes.

Ovaries have ſometimes contained hair, teeth, bones, and ſometimes a whole fœtus.

Practical obſervations on the connexion of theſe tumours with labour.

Round Ligaments.—Structure, muſcular and vaſcular—practical conſiderations.

Broad Ligaments.—Conſiſt of a doubling of the peritoneum, enveloping the other appendages of the uterus with its veſſels, and attached to the ſides of the pelvis, dividing it into two cavities.

The reflection of the peritoneum over the bladder, uterus and rectum, explained, together with the uſe of this knowledge in practice.

Gravid Uterus.

This comprehends a ſeries of changes induced on the uterus and its appendages; alſo the ovum contained within it, conſiſting of the fœtus, navel-ſtring, and placenta, the water (liquor amnii), with the membranes (viz.), decidua, chorion, amnios, &c.

We deſcribe firſt the ovum.

Secondly, the uterus.

Ovum is the produce of conception: therefore conception merits a previous diſcuſſion.

Conception.

How effected in animals of ſimple conſtruction.

In complicated animals, ſexual communication is requiſite.

Inſtinct directs them to pair with their own ſpecies. To this ſome exceptions occur, what?

Things eſſential to impregnation are, In the male, teſtes ſecreting ſemen—In the female, ovaries in a healthy ſtate, with a determination of blood on the whole uterine ſyſtem. The oeſtrum or diſpoſition for impregnation, and the coitus, as the occaſional cauſe.

Coitus—its peculiarities in different animals explained—its effect is to convey a fecundating fluid from

Ligaments alter their Position, during Pregnancy, appearing to rise lower & more forward, than in the unimpregnated State: their Use is supposed to be that of preventing, the Descent of the Uterus, & to regulate its Direction when it ascends into the Cavity of the Abdomen: but whether they answer these purposes may be much doubted. ——

The particular kind of Dropsy to which the Ovaria are subject, generally happens to women about the time of the final Cessation of the Menses, though not unfrequently at a more early period of Life. — It is of the encysted kind, the fluid being sometimes limpid & thin, & at others discoloured & gelatinous. — In some cases it has been found to be contained in one Cyst, often in several: & in others the whole Tumefaction has been composed of Hydatids not larger than Grapes. Of these different kinds we may often be able to form a Judgment, by the Evidence or Obscurity of the Fluctuation, & by the Inequalities of the Abdomen especially in its early stage. ——

This kind of Dropsy has usually been attributed to different Causes, as — Accidents or rude Treatment at the time of Parturition — Suppression of the Menses — Obstructions of the Viscera, or casual Injuries of the Part. — — The Symptoms attending it are pain in the lower part of the Abdomen with a circumscribed Tumour on one or both Sides, gradually extending higher up, & across the Abdomen, which, when there is a Suppression of the Menses, is often mistaken for Pregnancy: there is also in some Cases a Swelling of the Thigh or Leg, on the same side with the diseased Ovarium. — In the early Stage of the Disease, this Dropsy may be distinguished from the Ascites, for which it has been often mistaken, by the Circumscription & Position of the Tumour: but when it is increased to a large Size, unless it be of an irregular form, & we are acquainted with the early Symptoms, the Distinction is very difficult, or sometimes impossible. — The Secretion of Urine is but little, if in any degree diminished, & the Constitution not apparently affected in the beginning of the Dropsy of the Ovaria: This Disease in some Cases proceeds so very slowly, that 12 or 14 years, & often a much longer time may pass, from its Commencement, to its greatest Enlargement, tho in others it makes a very quick progress: & if one of the Ovarium only be affected, the Patient may nevertheless conceive & bring forth healthy Children. —

In the beginning of this Dropsy, when the increasing Ovarium is first perceptible thro the Integuments of the Abdomen, & sometimes in its progress, there is often so much

Pain as to require repeated local Bleeding by Scarifica-
-tion or Leeches, Blisters, Fomentations, Laxative Me-
-dicines & Opiates to appease it. In order to prevent
or remove the first Enlargement a course of Medicines has
been tried, the principal of which was the Ung.t Hy-
-drag: rubbed upon the part, or Calomel given for a
considerable time in small Quantities, with an In-
-fusion of burnt Sponge; or the Ferr: Tartar: or Ammonia
-cale. & occasionally Blisters, or a Plaister composed
of Gum: Ammon; dissolved in the Acetum Scillæ, &
from Electricity. ---- But no method of treatment has
hitherto been discovered sufficiently efficacious to remove
it; altho' the most powerful Medicines & remedies have
been used. as the Squilles, Digitalis, & the Elaterium.

When the Disease is so much encreased as to occasion
Difficulty of breathing or other untoward Symptoms,
recourse must be tried to the operation of the Para-
-centesis, by which present relief is afforded. & by a
repetition of it as often as the return of the Swelling to
a certain Size may require it. ———

Conception ...

Dr Haighton's Experiments prove the Impregnation may be discovered in 9 or 12 Hours after Coition, as well as in 40 — for in 40 Hours the Vesicles of Degraaf burst, and the Impregnating Fluid is grasped into the Uterus. — Dr H's Opinion of Impregnation is, that when the Uterus has been properly stimulated by Coitus, a series of Actions follow; the Ovaria are stimulated, & the Vesicles of Degraaf burst, the Fallopian Tubes convey the Rudiments of the Fœtus back to the Womb; — at this time the Vessels of the Breasts unfold & milk is secreted. — This is generally accounted for by Sympathy of Parts — —

from the male to the female; but to what particular part, has occaſioned different opinions.

A general view of the opinions, with the arguments adduced in ſupport of each.

Before the queſtion can be finally diſcuſſed, a teſt of impregnation muſt be eſtabliſhed. This teſt is, the progreſſive changes in one or more of the veſiculæ Graafianæ in the ovaries from which the corpora lutea are produced.

Animadverſions on this ſubject, illuſtrated by preparations. To what part muſt the ſemen be applied before this teſt can be produced? It is ſufficient that it touch the vagina and os uteri? Muſt it enter the uterus? Or is its conveyance by the Fallopian tubes to the ovaries neceſſary?

This ſubject experimentally conſidered, and the progreſs of the inquiry traced and demonſtrated by preparations.

The reſult of theſe experiments is unfavourable to the contact of ſemen with the ovaries, but eſtabliſhes the probability of a harmony or conſent of parts; by the concurring actions of each, the rudiments of the fœtus are formed in the ovary, conveyed from it by the Fallopian tube, and lodged in the uterus, where they are nouriſhed, where the parts of the fœtus are evolved and grow, and remain until the time appointed by nature for their expulſion.

Ovum in general.

The result of conception being a mature ovum, its nature and compoſition deſerve inquiry.

Definition. That receptacle in which the rudiments of the animal are contained.

When the name ovum can be properly applied.

A young ovum is apparently a ſimple body; but one more advanced is evidently compoſed of different parts.

Does this difference depend on a formative power, exiſting in the earlieſt ſtate of the ovum, by which the different parts are gradually and ſucceſſively evolved; or are all the parts formed complete originally, and concealed from notice by minuteneſs or tranſparency.

The former appears moſt agreeable to obſervation. This demonſtrated on preparations in which the fœtus is traced from the firſt ſpeck of its exiſtence to its complete formation.

Ovum—its conſtituent parts conſidered, viz.

The navel ſtring—what?

Its attachment to the child and placenta, with the varieties—length various—when extremely ſhort ſomewhat inconvenient.

Compoſed of two arteries and one vein, with a connecting medium, but has neither abſorbents nor nerves.

Peculiarities in brutes demonſtrated.

In

The first thing to be observed in the Uterus after the discharge of the Ovum by the Fallopian Tubes, are Glandulous Substances adhering to the womb; in a little time the membrane which contains it, may be observed, and an opaque spot may be discovered: The Growth of the Fœtus depends on Evolution. The Circulation of the Fœtus is formed very early, & the Fœta of women being frightened, & thereby producing Monsters, is entirely erroneous: for it depends on an Error in Evolution.

The Navel String is generally attached to the centre of the Placenta, being generally about 2 Feet in length; it may be longer or shorter, the Inconvenience of a short navel String may be, — prepare on the Placenta at the birth of the Child. —— A long Navel String may cause Inconvenience in two ways, by paying round the neck of the Child many times; or by falling down before the Head. in this Case the child is in general born dead. ——

In Quadrupeds the Fœtus consists of two Arteries and two Veins. ——

The vein of the Navel String passes into the Liver, and after Birth, this forms the Ligamentum rotundum of the Liver. —— In Brutes the Navel String differs from the human, in having more vessels. —— The Navel String is sometimes formed into Knotts, this happens at the time of Labour, but no ill Consequences arise from it. — The Vessels are connected together by a peculiar kind of Cellular Substance, similar to Jelly, —— &c.

In the Human Species the Funis is composed of two Arteries & one vein, the Space between which is filled up with a Gelatinous mucus contained in cells, which prevents any Obstruction to the Circulation of the Blood from accidental compression, or even when a Knot is casually made in it, by the irregular Changes of the Position of the Child. —— The Funis is covered by the Amnion or inner membrane of the Ovum, & the vein is of a sufficient Size, to reconduct to the Fœtus the whole or an equal Quantity of Blood, to that which is conveyed by the two Arteries from it to the Placenta. —— It seems to be a Production of the Placenta; for immediately after the Birth of the Child, there is a Line which distinguishes the Fœtal part, where the Spontaneous Separation is afterwards made. —— Its thickness depends upon the Quantity of Mucus contained in the cells; — It is thickest near the Abdomen of the child, and gradually becomes more slender as it approaches nearer to the Placenta, into which it is usually inserted about one third from the Edge. The Blood vessels will sometimes ramify before they reach the Placenta; ——

(Dr Haighton thinks, that Impressions on the Mind of the Mother, will not affect the Fœtus. ——

The Placenta are only found in Viviparous Animals; When there are Twins, there are two Placenta: and generally, let the number of Children be what it will, the same number of Placenta exist. Hence arises the necessity of tying the Navel String in two Places; for it sometimes happens that the Vessels of the two Placenta communicate with each other. —— The Placenta is attached to some part of the Uterus. — It sometimes happens, that it is attached over the Os Uteri, and then it causes Hæmorhage &c — which will be explained hereafter. —— The Placenta is vascular and Cellular, one has Communication with the Fœtus, the other with the Uterus. —— The Circulation between the Uterus & Placenta is by a Deposite of Uterine Blood in the Cells of the Placentæ; it then enters into the Vessels of the Chord, & passes through it, into the Liver & Canalis Venosus of the Fœtus, & so to the Vena Cava. —— It is supposed that the Vessels of the Placenta are intended with open Mouths, to receive the Blood from the Cells of the Placenta. —— It has been an Enquiry made by Dr. H. — whether the Umbelicus carried red blood or not; & he is inclined to believe that the Placenta & Umbelicus do convey Chyle from the Mother to the Fœtus. & that it receives its

In the human funis the veſſels vary in their courſe, viz. ſtraight, ſpiral, or coiled. Reflections on theſe peculiarities. Knots ſometimes occur—how formed—their effects.

Inquiry into the origin of nævi materni, and the improbability of their dependence on the ſtate of the mother's mind.

Placenta.

Is the medium of connexion between the fœtus and mother, but does not exiſt in all animals.

The number of them compared with the fœtuſes.

The veſſels of each placenta generally diſtinct, but ſometimes otherwiſe.—Practical conſiderations.

The general characters of it in different animals.

Its attachment various, but more frequently to the upper part of the uterus than the lower—advantages and diſadvantages.

Placenta has an external and internal ſurface—explained.

The blood veſſels run radiated on the inner ſurface, and the two arteries communicate.

Structure. It conſiſts of two parts, viz. a maternal part, which is cellular; and a fœtal part, vaſcular—this demonſtrated by various preparations.

No communication between theſe two parts by continuation of canal.

The

The examination of different opinions reſpecting the nature of the communication between the child and mother.

Of what nature the communication probably is.

Each part has its own arteries and veins, and its own circulation. Both of theſe deſcribed.

Examination of the different opinions entertained concerning the manner in which the fœtus is nouriſhed—it is neither by the mouth nor ſkin, but by the cord by means of the placenta, the manner of which is inveſtigated at large.

The general concluſion is, that though a fœtus has many organs, the action of only a ſmall part is required to ſupport it while in utero; and that, with regard to its nutrition and general economy, it is ſomewhat allied to vegetable life.

Conſiderations on the economy of the placenta as being equivalent to a reſpiratory organ.

Involucra or Membranes.

Theſe form the bag in which the fœtus, navel ſtring, and water are contained; the number of which, with a few exceptions, correſponds with the number of fœtuſes.

The membranes are to be conſidered under different views, 1ſt, as human or brute; 2d, the human in the early and latter months compared.

Human membranes in the latter months are three, viz. the ſpongy chorion, true chorion, and amnion.

sanguiferous Principle during the time it is in the Fœtus. ——— Dr H— compares the nourishment of the Fœtus in Utero, to a Plant. — The Placenta supplies one the principle for the Fœtus. — that of a respiratory Organ. ———

It is now generally allowed that the two Systems of Vessels in the Placenta, one of which may be called maternal, the other fœtal, are distinct; ——— It is also admitted that the Blood of the Fœtus is, with regard to its Formation, Increase & Circulation, uncommunicated with, & totally independant of the parent: except that the matter from which the Blood of the Fœtus is formed must be derived from the Parent. ———

When one two Children, contained in two Bags, is will be necessary to rupture the second, after the first Child is born. ——— If a Pin be put out of the Gravid Uterus, & the flaps turned up, the three membranes will appear in their proper order. ———

The membrana Sporgiosa is the weakest of the three, and is rather vascular; — If a woman has a Discharge of this membrane, — Abortion will follow; but a difficulty arises in being certain it is this membrane which is discharged. ——— The true Chorion is thinner, but stronger than the other, & forms the outer covering of the Fœtus. ———
The Amnion is of a close dense Structure, perfectly transparent, & secretes the fluid that is within

its Cavity. —— Calves have another Tunic situated between the true & false Chorion: and this is termed an Alantois; & has communication with the Bladder by means of the Urachus. —— In the early period of pregnancy in the Human Subject: there is another Membrane, covering the Spongy Chorion, which is the Tunica Acidua reflexa. —— There does not exist any Placenta for the first Month, so that the Ovum is nourished by some Processes of the Membrana Amnion. ——

The Placenta is formed from the rough Processes of the Amnion. & it is to this that the Funis is attached, and the other part of the Membrane is attached to the Uterus. —

amnion. Their ſituation with reſpect to each other, and the placenta, deſcribed.

Spongy chorion, or decidua, is diſtinguiſhed by the following characters, viz. greater thickneſs, a kind of granulous ſurface, numerous foraminulæ, is very lacerable, its veſſels are derived from the uterus.

Practical remarks on the connexion between an approaching miſcarriage and a diſcharge of this membrane.

True chorion—its ſituation both general and particular.

Its ſtructure moderately firm and compact, probably vaſcular—eaſily injected in brutes.

Amnion. Thinner than the two former, but firm in texture—is injectable in brutes.

Membranes in the Brute.

Beſides the above, theſe have an alantois to contain urine, and a tunica erythroides. The characters of theſe explained.

The queſtion concerning the probability of an alantois in the human ſubject conſidered, and denied.

Human Membranes in early Pregnancy.

Theſe are four in number, viz. 1. Tunica decidua uteri; 2. Tunica decidua reflexa; 3. Chorion; and 4. Amnios.

Theſe

Theſe have characters different from the ſame membranes in the early months. Explained on preparations.

Different opinions concerning the formation and evaneſcence of the decidua reflexa.

The uſes of the membranes.

Some Obſervations on the Formation of the Placenta.

Water.

This is called liquor amnii from its receptacle—is divided into true and falſe—the diſtinction.

The properties deſcribed.

Quantity conſidered abſolutely and relatively, and compared with the fœtus at different periods of pregnancy.

Its uſes—it defends the child, and, together with the membranes, dilates the os uteri, and laſtly facilitates the paſſage of the child.

Changes on the Uterus from Impregnation.

Theſe will be beſt underſtood by comparing them with the unimpregnated condition of the womb.

The compariſon made.

After impregnation its figure is altered, its bulk and weight increaſed, and ſometimes incommodes by preſſure.

The

The Fatal Part of the Placenta has its Formation in the Chorion; the Maternal Part, in the Decidua.

The Liquor Amnii is slightly saline, containing no Coagulable Lymph, & therefore it cannot be supposed that it nourishes the Fœtus. — It is about a Quart in Quantity, generally speaking: but some Women cannot distinguish any Water at all. — At the End of Pregnancy, the proportion of the Water to the Fœtus, is as Nine to one: for the Fœtus generally weighs about 9 Pounds. — The Use of the Water is to defend the Child, & when this is discharged prematurely, — Miscarriage takes place. — Water sometimes forms between the Membranes, & this may be discharged & the other remain: & by this, both Women and Practitioners may be deceived.

The Membranes & Water push upon and dilate the Os Uteri at the time of Labour. Acts on a wedge-like principle, & when the Os Uteri is fully dilated, the Membranes burst, & the Water is discharged, and lubricating the Vagina in its passage, it has answered the purpose it was destined for.

The Quantity of Water at first contained in the Bag is about a Teacup & increases by degrees. — About the 3d Month, the Bulk of the Child & that of the Water is equal: but as Pregnancy advances. The Bulk of the Child increases much more in Comparison than that of the Water. being at the time of Labour, in the Quantity of Nine to One.

The Changes produced in the Uterus from Impregnation are very remarkable, but these will be best understood by comparing them with the unimpregnated condition of the Womb.

We have already observed, that before Impregnation, the Size of the Uterus is very small: being about 3 Inches in length. After Impregnation the Size is altered, and in the 3rd Month it is of such Size as to fill up the whole Cavity of the Abdomen. And when any thing is taken away at the time of Labour, it still remains ten times heavier than an unimpregnated Womb.

The first Effect produced on the Womb after Impregnation is a loss of Elasticity on the fore & back Part. And as the Ovum increases, the Womb also enlarges. It is at the same time acquiring Weight & Bulk. And the Patient about the third Month feels a drawing down, and is sometimes incommoded by Pressure.

The Vagina also undergoes an Alteration, being thrown into Folds; & is apparently shorter.

The Enlargement of the womb is confined to the Body untill the End of the 5th Month, During which time the Neck has no Disposition to give way at all: & undergoes no Alteration. But after the 5th Month it gives way with the Cavity: at the 6th it has increased a little, at the 7th and 8th still more; and at the latter End of the 9th Month, there is no Distinction between the Cavity & Neck of the Womb. ——

It is supposed to shorten most, in proportion, from the 5th to the 7th Month. ——

About the mouth of the womb are situated a number of Follicles which discharge a mucous, & this mucous is extended up the whole length of the Neck, thereby stopping it up. And it is this white mucous which is frequently discharged in the latter Months of Pregnancy & called by women, the Whites. —— The Os Uteri undergoes no Alteration till the period of Labour. and after a few pains, it becomes soft & dilated, and allows the Head of the Child to pass thro' it. —— It is so contrived by Nature that this part should remain firm, & resist the pressure of the womb till the time of Labour, & then again the upper part of the Uterus is disposed to resist & force down its Contents. ——

Before Impregnation the womb is contained in the Cavity of the Pelvis. —— About the 3d Month after Impregnation it may be distinguished rising just above the Brim of the Pelvis. — At the 5th month it is half way between the Pelvis & navel. — at the 6th a little below the navel — at the 7th a little above, at the 8th half way between the navel & Scrobiculous chordis. — at the 9 — Up to the Scrobiculous Chordis. By the rising of the womb, it is evident that some Parts must be displaced. —— In case of Hernia, it draws up the Intestine from the Sac, by its rising

The enlargement is confined to the body until the end of the fifth month; from which time the cervix uteri begins to ſtretch, and in the ninth month is obliterated.

The progreſs of this explained, and demonſtrated on preparations.

Reflections on the advantages derived from this order of the womb's enlargement.

But, during this enlargement, the womb has ſometimes burſt—an inſtance—its ſymptoms.

Hence caution neceſſary in turning caſes.

Changes of the *os uteri* chiefly conſiſt in a more developed condition of the mucous follicles and veſicles. Its figure varies with the ſubject.

The impregnated womb aſcends in the abdomen in a ratio correſponding to the period of pregnancy.

This explained.

The aſcent affects herniæ, the ſtomach, and other parts.

The figure of the impregnated womb is ſomewhat variable. The cauſes producing this, conſidered.

Obſervations on its poſition in the abdomen.

Origin of the arteries and veins, with obſervations on their courſe, and the effect of this on the circulation.

Abſorbents enter very abundantly into the compoſition of the uterus—very large in the gravid ſtate.

The nerves likewiſe enlarged.

Its ſubſtance is muſcular—different opinions on this ſubject—different directions of the muſcular fibres, with obſervations on their actions.

The

The thickneſs of the womb when cut into is not always the ſame. A probable way of accounting for this difference.

Enlargement of the womb not the effect of diſtention—merely mechanical, but is accompanied by growth. This ſubject more fully conſidered.

General obſervations on the action of the uterus.

Pregnancy and its Signs.

The exiſtence of pregnancy may be aſcertained in various ways. What?

At preſent our opinion muſt be formed from the aſſemblage of ſymptoms, viz. amenorrhœa, ſickneſs and vomiting, frightful dreams, loſs of appetite, emaciation, peeviſhneſs, enlarged breaſts, dark and enlarged areola, quickening, enlargement of abdomen, &c. Theſe ſymptoms conſidered individually are unequal in importance; therefore a detailed inquiry is requiſite.

Amenorrhœa uncertain, as being a ſymptom of diſeaſe as well as pregnancy; alſo takes place at a certain period of life. Obſervations.

Sickneſs and Vomiting. From the readineſs of the ſtomach to ſympathiſe with the affections of various parts, it cannot be relied on.

Frightful Dreams. Among the doubtful ſigns, but in ſome particular patients has probability.

Loſs

and the woman appears cured: but after Delivery when the Uterus is contracted, the Intestine will be replaced again upon any Exertion. Sometimes also the Stomach is pressed upon, & if the Constitution is irritable, it causes it to discharge its Contents.

By Pressure also it sometimes occasions an Umbilical Hernia; but the womb by its rising will reduce this at the 8 or 9th Month. — The womb will gravitate to that side on which the woman is reclined & there is no reason to believe that any particular Danger will arise from the Womb's Position in the Abdomen. — The Arteries of the womb are smaller than the Veins: & they may be distinguished, by the Direction of the Arteries being serpentine, & that of the Veins, straight. —

When a woman has gone her full time, the Shape of the Womb is between Oval & Pyriform, but its Shape most generally depends on the Situation of the Child. — Absorbents enter very abundantly into its Composition. And in the gravid State the Absorbents & nerves are enlarged.

The Womb appears to sustain its thickness at the full time of Utero Gestation, and as it enlarges there is an additional deposit of solid Substance. It is sometimes found thinner at places, & instances have occurred of its bursting. It is also sometimes much thickened. The Substance of the Womb is Muscular, & in time of Labour when it is necessary to turn the Child, the Muscular power of the Uterus may be felt. — The Child is expelled by the Muscular Power of the Uterus & the abdominal Muscles. and this power is wanted after Labour as well as before to contract the Uterus, for by its contraction, it closes the mouths of the Arteries & prevents Haemorrhage. ——

A menor, here is mentioned. But if a woman has been Constitutionally regular, and the menses disappear; provided other Symptoms agree, there may be some foundation for Inspecting Pregnancy. But a Suppression of the menses may occur from other Causes. ——

By a suppression of the Menses from Accidental Causes, the Abdomen will also sometimes acquire Bulk. but this is transient, remaining about 3 or 4 Days or a week, and then disappearing. And the Abdomen will not have that hard Feel as in Pregnancy. ——

The Areolæ in unmarried women is of a light Colour; but after pregnancy become darker, putting on a reddish hue, & gradually growing of a darker Colour. This Change in the Appearance does not take place in the true Skin, but in the rete Mucosum. The Size of the Areolæ is generally about half a Crown. If the woman suckles her own Child, the Areolæ still continues to grow darker; & if she again becomes pregnant, it still goes on getting darker, giving the Areolæ no time to return to their natural Colour. Therefore this cannot always be determined sign after the first Pregnancy. ——

Women seldom have real Menstruation, after Impregnation; If there is any Discharge it is in a Male Quantity, & at very irregular Periods. ——

Women generally reckon from the time that the Menses disappear: & as a general rule, we may reckon from a fortnight or three weeks after the last Menstruation: & by this & the time of Quickening (which is not about the third or fourth month) we may guide tolerable well of the Advancement of Pregnancy. ——

Loſs of Appetite. A ſign on which no dependence can be placed.

Emaciation and *Peevifhneſs* are ſubject to much uncertainty.

Enlargement of the Breaſts. This, when attended with the ſecretion of milk, is a probable ſymptom; but various inſtances have occurred which prove its fallibility.

Areola, when enlarged and of a darker colour, is thought by ſome to be the beſt ſingle ſign, but requires experience to judge correctly. Further conſiderations on this ſubject.

Quickening. Here ſenſation and judgment are often confounded: it has been the ſubject of much miſtaken obſervation. Some women have had the power of imitating it.

Enlarged Abdomen may depend on various morbid cauſes. Manner of diſcrimination.

Beſides theſe ſigns, various anomalous ſymptoms ſometimes attend pregnancy, though having very little apparent connexion.

Reckoning.

The long and ſhort reckoning explained.

It may commence from different periods, viz. ſuppreſſed menſes, quickening, and the coitus.

Obſervations on each of theſe.

Management

Management during Pregnancy.

Pregnant women are liable to be incommoded by cauſes which to others would be harmleſs; hence attention to rules of living is expedient.

Theſe rules are comprehended in the non-naturals, viz. diet, air, reſt, exerciſe, pathemata, and evacuations.

Practical obſervations on each of theſe.

Pathology of Pregnancy.

Diſeaſes occurring at this time, are either ariſing out of the pregnant condition, or accidentally connected with it.

We diſtinguiſh them into ſuch as occur in the *early* and *latter* ſtages.

Particular attention ſhould be paid to the inveſtigation of their immediate cauſes.

This will aſſiſt us, both in the prognoſis and cure.

Moſt of theſe diſeaſes may be referred to one of the following *general cauſes*, viz. plethora, irritability of conſtitution, and mechanical preſſure.

Obſervations on theſe cauſes.

Particular diſeaſes of Pregnancy.

Nauſea and *Vomiting* in the early months. Theſe may ariſe from diſeaſe as well as pregnancy, therefore ſhould be diſtinguiſhed.

When

Dr Haighton thinks that women during Pregnancy, may be indulged with what they wish for, provided it is within Bounds. - Exercise & Air, the same. — Shoes with high Heels are improper for women to wear during Pregnancy. - The Passions of the Mind are very injurious. — Pregnant women should have evacuations every day. & should be provided with some Aperient Medicine for this purpose.

The Ancients were of Opinion that the Menses were retained to nourish the Child, & for that reason they would not rob the Child of that Blood, but the Moderns were of Opinion that the Women should be bled about the 4th month. however this must depend on circumstances; If Plethoric or any Disposition to Inflammation then Bleeding should be had recourse to. - In women who are pregnant at an advanced age; their Labours are generally slow, & the Parts rigid. these women might with advantage be bled one or twice during Pregnancy.

Vomiting during Pregnancy, was thought injurious by the Ancients, but it is a common thing; for women at the 3d Month, are generally sick in the Morning. and this arises from Sympathy between the Uterus and Stomach. If the nature of the Case requires an Emetic, it should be of a mild kind, as - Pulv: Ipecac. There should be a Distinction between Sickness from Sympathy, & from a foul Stomach: as Emetics relieve one and not the other. — Sickness and Vomiting generally leave the Patient at the End of Pregnancy.

Women who are subject to Plethora, should be bled, and live on vegitable Diet. — Irritability may be relieved by Tonics &c. — the Saline Draughts in the act of effervescence combined with Opium. or when the Irritability is great, an Opium Pill & Abstinence from Animal Food for a short time. Whenever there is long continued Vomiting, particular Inquiries should be made to know if there are Inflammatory Symptoms going on. — Stimulants to the Stomach in form of Plaisters, are used more for policy, than any real advantage that may be expected from them. Mechanical Pressure produces many unpleasant Symptoms, as a Discharge of Mucus, and a Difficulty in voiding Urine: and the Symptoms sometimes gives rise to Ideas, that the woman labours under Gonorrhea &c.

When the Womb is retroverted, the Pressure that will take place both on the Bladder and Uterus, incommodes their Functions, and this generally occurs about the 4 month. The Reason why it is found about this period of Pregnancy, is, — that the Uterus is become large enough to fill up the Cavity of the Pelvis. — After the 4 month, the Uterus rises above the Brim of the Pelvis, and in a Standard Pelvis, the Uterus does not become retroverted after the 4 month: But this may occur from Disease of the Uterus; The Symptoms, when from Disease are not so violent, as when proceeding from Accident or Pregnancy. A Dropsical Ovaria may produce Retroversion of the Uterus. — Treatment. — A Catheter should be introduced, and the Urine drawn off. — And the Patient should take as little drink as possible: for the Benefit the will derive will be in preventing the Bladder from being distended. — Acidulated Drinks, or more properly the Juice of those Fruits which allay thirst &c. — Tapping of the Bladder to prevent its bursting is necessary when other means fail. The Warm Bath should be tried: and care taken of the regulation of Position.

When from diſordered *primæ viæ*, aperients, &c.

When ſympathetic of *plethora*, blood-letting.

When a ſymptom of *internal inflammation*, it may be diſtinguiſhed by the uſual ſymptoms denoting that ſtate, and treated in a ſecondary way; regard being chiefly had to the primary complaint by blood-letting, purging, &c. and a ſtrict antiphlogiſtic plan.

When ſymptomatic of mere uterine irritation or pregnancy, occaſional opiates, ſaline draughts in an effervеſcing ſtate, ſtomachic bitters, &c.

Pain in the Head and Breaſt. Often a ſymptom of plethora, and relieved by blood-letting.

Inability to walk, attended with a ſenſe of bearing down, a yellowiſh diſcharge, and painful diſcharge of urine, ſometimes amounting to ſuppreſſion.

This is to be diſtinguiſhed from gonorrhœa.

Theſe different ſymptoms explained.

The cure is generally ſpontaneous, but relief by a catheter is ſometimes neceſſary. Further obſervations.

Retroverſion of the Uterus—What?

To underſtand this complaint, the proper ſituation of the uterus muſt be known, and its connexion with the bladder and rectum underſtood.

This knowledge is requiſite as well to underſtand the ſymptoms, as to lead to a ſucceſsful treatment.

Symptoms come on uſually in the third month,

conſiſting of pain, difficulty of voiding urine, conſtipation of the inteſtines, and ſometimes teneſmus.

This complaint can be aſcertained only by examination—obſervations on this ſubject.

Pregnancy not eſſential to the production of this diſeaſe. A morbid enlargement to a certain degree may diſpoſe to it.

The period of pregnancy is variable, but always confined to the early months—explained.

The moſt common cauſe is diſtention of the bladder; its mode of action to be conſidered—demonſtrated.

Other cauſes of retroverſion inquired into.

Diſtended bladder may ſometimes be the effect of retroverted uterus. Inſtances recited.

The danger in caſes of retroverted uterus is as the degree of fever, and ſtate of the bladder.

The treatment conſiſts in obviating diſtention of the bladder by frequent introduction of the catheter. Sometimes this is ſufficient; at others, the means neceſſary for replacing the uterus are required.

The attempt will be made with the greateſt advantage when the patient is placed on the knees and elbows. The manner of conducting the replacement explained.

Practical obſervations on caſes where unuſual difficulty attends.

Diſeaſes of the latter Months.

Vomiting occurs now as well as in the early months, and may ariſe from plethora, foul ſtomach, or preſſure of the womb.

Obſervations

In order to replace the retroverted Uterus, two Fingers should be oiled and passed up the Rectum. and when we find the bulb, that should be pressed upon by the Fingers, to raise it up, as far as it is possible to do, and if that is not sufficient, a Probang passed up the Rectum, and proper Pressure made, by increasing the force. The Probang should be well loaded with Sponge. And Dr. Haighton prefers passing the Probang up the Rectum, and a Finger of the left Hand up the Vagina; and it is better to give a Glyster previous to the Attempt of replacement. The Bladder should be always emptied; & when the Uterus is once replaced, it seldom happens that it is retroverted again, for the Uterus is daily increasing in Bulk.

In the latter months of pregnancy, if vomiting or Sickness should come on, particularly at the 9th month, we may suppose that it arises from Mechanical Pressure: but it sometimes arises from a foul Stomach, then the proper Medicines should be given. If the vomiting or Sickness should be very violent,

and if in the Interval, Purging should come on, then Dr Haighton advises the bringing on premature Labour. ———

As the Uterus rises up, it sometimes presses on the Ducts of the Liver, and produces Jaundice; sometimes Jaundice arises from an enlarged Pancreas. ———

Costiveness should always be obviated by gentle aperient Medicines. ———

Hæmorrhoids are caused by the Pressure of the Uterus on the Hæmorrhoidal veins, and preventing the return of the Blood. — This Disease is generally accompanied with costiveness; for that reason, aperient Medicines should be given, such as Neutral Salts. — Elect: Senna — cum Sulphure &c ———

Obſervations on the ſymptoms of each, with the appropriate treatment.

Jaundice. Sometimes a conſequence of pregnancy; when merely a ſymptom of this ſtate, there is little danger; an inquiry concerning the manner in which pregnancy produces jaundice.

The treatment of this may be confined to palliatives: where much pain in the epigaſtrium attends, opium, &c.

A jaundice during pregnancy may ſometimes be dependant on ſchirrous liver, or diſeaſes of the biliary ducts; ſuch caſes are more complicated, and the mode of treatment muſt be determined by the particular part affected.

Coſtiveneſs may depend on torpor of the inteſtines, or on mechanical preſſure—may become inconvenient, and therefore ſhould be obviated by the common means.

Hemorrhoids are of two kinds, viz. the bleeding, and blind piles; alſo a third kind, particularly noticed by the German practitioners, called hemorrhoidal colic—its characters explained.

As mechanical preſſure is intimately connected with the production of piles, they often continue until delivery.

Palliatives are required—obſervations on their treatment.

Several other complaints are occaſionally met with in the latter period of pregnancy, moſt of which

ariſe from preſſure of the uterus on the internal parts; the explanation and treatment proper to each has been anticipated when on the recent pelvis.

Diſeaſes having only an accidental connexion with Pregnancy.

Lues Venerea. When in the form of gonorrhœa, is treated by means ſo gentle, that no particular conſiderations are neceſſary.

Chancres, though primary ſores, generally admit of the abſorption of matter, which, in its road into the conſtitution, may produce bubo, and when fixed there, may occaſion ſore throat, blotches on the ſkin, pains in the bones, nodes, &c.

Chancres are often cured without mercury; but the conſtitutional ſymptoms require a conſiderable quantity.

When ſalivation is produced ſome have apprehended ill effects: but this not neceſſarily dangerous.

It is inconvenient by diſpoſing to premature labour.

Practical obſervations on the manner of conducting the mercurial courſe.

Dropſy, when connected with pregnancy comprehends ſome ſubjects for inquiry, viz.

Whether delivery is poſſible.
——— ſhe will live after delivery.
——— the child will be dropſical.

Whether

Gonorrhœa, which is merely local should be treated as such. And a woman may be cured during pregnancy, as well as at other times. But it is very different with Syphilis, for a sufficient Quantity of Mercury cannot be given, to cure the Disease, without producing Abortion. — In general when women are near the time of Delivery, and Chancres appear, the Palliatives should be given; & the secondary Symptoms may not come on 'till the woman is recovered from her Delivery. but on the contrary when they appear early in Pregnancy, then Mercury must be given, and carried on gradually. It is not intended to produce Ptyalism, but only fill the Constitution with Mercury; either by the Mouth, or by Friction. and this should be continued for some time, or the Symptoms will return.

A Woman may be delivered during the Existence of Dropsy; for the Uterus and Diaphragm, act as usual, tho the Abdominal Muscles do not. Another thing to be observed is, the Rigidity of the Fibres is lost, when Dropsy occurs. Their Recovery depends on the time of the Continuation of the Dropsy, and the State of the Constitution at large.

The Children do not in general appear to partake of Dropsy. but when they do, they recover very well; The Enlargement occasioned by the Uterus, & the Dropsy, causes much pain; and Tapping may be performed in the following manner. — An Opening should be made with a Lancet thro' the Integuments, and then a Canula introduced and the Water drawn off.

Hernia must be considered in two States, viz — reducible & irreducible. The reducible Hernia may be altered in Pregnancy by the the Uterus in its Ascent ascending up the Intestines. The most common Hernia during Pregnancy is the Exomphalos; then may go on without much trouble; unless they produce Strangulation which is often done by the Ascent of the Uterus ascending ~~the Uterus~~ the Intestines up in the Sac: the Bowels should be kept open to prevent a Collection of Faces. If there should be any Disposition for Labour, it should be forwarded with all possible Expedition: & when the Os Uteri is fully dilated, the hand should be shaped into the Uterus & the Child should be brought away by the Feet.

Whether tapping is proper.

——— a cure will ſucceed.

Experience proves the poſſibility of delivery: but whether ſhe will live after it or not, depends on the ſtage of the diſeaſe and her ſtrength.

A dropſy in the mother entails no ſuch neceſſity on the child.

Tapping is admiſſible whenever a painful diſtention may require it; but ſhould be performed with the utmoſt care leſt the uterus be injured—obſervations on this matter.

Delivery has, in ſome inſtances, proved a cure of dropſy—explanation of the manner by which this is effected.

Herniæ. Theſe are affected in their conſequences by pregnancy.

The conſequences vary according as the hernia is either reducible or irreducible.

When reducible, the phenomena are ſubject to variations depending on the ſeat of the rupture as being either femoral, inguinal, ventral, or umbilical —theſe explained.

Reducible herniæ are generally returned by the riſing of the womb, and remain ſo until delivery.

Irreducible herniæ are dangerous in the extreme, and by the aſcent of the gravid womb, produce ſymptoms of ſtrangulation.

Their treatment complicated, and uncertain in the effects.

Conſiderations reſpecting the operation for ſtrangulated herniæ, together with the propriety of bringing on premature birth.

Stone. Gall-ſtones, and urinary calculi are comprehended.

Gall-ſtones when in the biliary paſſages, produce ſymptoms which ſhould be diſtinguiſhed from labour pains.

Treatment of thoſe ſymptoms.

It would be advantageous to prevent a fit of gall-ſtone at this time.

The different modes of proceeding.

Urinary calculi may exiſt in the kidney, ureters, or bladder.

The ſymptoms of each deſcribed, and diſtinguiſhed from labour pains.

Their treatment.

Calculus in the bladder requires particular conſideration.—Should lithotomy be performed at this time?—Arguments for and againſt this operation ſtated.

When it is determined to remove the ſtone, it may be done by a dilatation *without* inciſion, or dilatation *with* inciſion.

Obſervations on the manner of dilating in theſe two ways.

If the exiſtence of a ſtone in the bladder is not known until labour comes on, management is required to prevent ſome miſchievous conſequences.

In theſe caſes the ſtone ſhould be raiſed above the

It has been a rule with Surgeons to return the Sac, without opening it: but this practice is objected to for the following reason: - that the Surgeon does not discover, in what State the Intestine is, whether mortified or not. ——

When a Gall Stone gets out of the Cystic Duct, it passes into the Ductus Choledochus, and promotes Jaundice: sometimes it ulcerates & passes into the Duodenum: vomiting arises from Sympathy. and these Complaints are best relieved by Opium, - warm Applications &c. - The last Attack of Pain generally appears the most severe: this arises from the Stone passing into the Duodenum. - Mercury has been advised for the Cure of the Disease, but in Pregnancy, a sufficient Quantity of it cannot be given - Soap Lees also, but Dr. H. has no great Opinion of them. - Calculi may be found in any part of the Urinary Passages, even the Tubile Uriniferi may be filled with Calculi. It is best relieved by Bleeding - warm Bath Opium &c ——

All Stones that are found in the Bladder do not form in the Kidney; but any thing that forms a Mucus may have a deposit of Sand on it in the Bladder, & so form Stone. - - -
The Operation is much more easy than in the Male, it is generally done by enlarging the Urethra: ~~which~~ It is best done by passing Bougies, & dilating the Urethra. - The best Instrument to Operate with is a cutting Gorget; - If there should be a Stone in the Bladder, during Labour, it ought to be raised above the head of the Child, by means of a Male Catheter; and if this should not

discovered previous to Labour, and the Head passed into the Pelvis, & the Calculus is large, it necessary to open the Head of the Fœtus, or an Opening should be made thro the Vagina into the Bladder, directly upon the Stone: the best Instrument is a curved Knife. ——————

When we examine internally we must remember that the Neck of the Womb is not shortened at all till the 8th month; from the fifth to the 9th month, the Neck of the Womb is shortening. & at the ninth there is no Distinction between Body & Neck.
By Examination is meant, the passing tip of the Finger into the Os Uteri, and according to the length of the Neck of the Womb are we to determine the Period of Pregnancy. ——————

We are sometimes obliged to examine to determine the State of a disease; & here is necessary to hear the whole account of it. Symptoms here do not afford a sufficient Scope for Judgment of a Disease. For Polypi may sometimes be mistaken for Cancer, or that for any other Disease: —

the brim of the pelvis, if poſſible; if not, extraction of it by an inciſion into the vagina has been propoſed.

The manner of conducting the operations explained.

Examination.

Its object is to inveſtigate ſomething connected either with pregnancy or diſeaſe.

Manual examination alone is here underſtood.

The reaſons for examining are comprehended under *five* particular views, viz. 1. *To aſcertain the exiſtence of pregnancy.* 2. *To determine its period.* 3. *To know if a woman be in labour.* 4. *To learn the preciſe kind of labour:* and, 5. *To inveſtigate the true nature of a diſeaſe.*

General Obſervations on the ſubject of Examination.

1. *To know if a woman be pregnant.*

In early pregnancy this is difficult to determine —Why?

What conduct is moſt prudent in ſuch caſes?

When examination cannot conſiſtently be declined, what ought to be done?

The information derived from examination becomes uncertain; ſometimes from *corpulency*, at others from a *diſtended bladder*.—This laſt difficulty is removable.

The larger the uterus is, the more eaſily is pregnancy aſcertained.—Further obſervations.

2. *The period of pregnancy aſcertained.*

This is done by obſerving the degree of the womb's aſcent in the abdomen: and *ſecondly*, by noting the ſhortening of its neck.

The degree of the womb's aſcent deſcribed as correſponding to the different periods of pregnancy.

The neck of the uterus begins to ſhorten at the fifth month, and is completely obliterated at the ninth.

How to aſcertain the period of pregnancy by this ſign.

3. *To determine the exiſtence of labour.*

Before this can be done it is neceſſary that labour be defined—how?

It is likewiſe proper here to have a general view of the diſtinctions of labour.—Our diviſion of them is into *natural*, *laborious*, and *preternatural*.

What opinion ought to be formed from the following ſigns of labour, viz. *pain—the dilating proceſs of the os uteri—the protruſion of the membranes and the water—the tenſion and relaxation of the membranes during the preſence or abſence of the pain.* Alſo *the advancement or receſſion of the child during the ſame condition of the pains.*

4. *The kind of labour.*

This ſhould be known as ſoon as the progreſs of labour will permit—why?

The

True pain should be distinguished from false pain; true Pain forces down and presses on the Os Uteri. ——

It is expected that the Practitioner will, after he has been at the Labour some little time, say what kind of a Labour it is probable to be. — And this should always be done as soon as the Membranes are broken. — The Head is easily distinguished by its Size & Feel: then we may inform them that its probable the woman will do well. — The Breech Presentation may be known by the Genitals & the Separation of the Nates to form the Thighs. — We must not determine the force of Pain by the noise the woman makes. For some women stifle the pains, while others make a very great noise. ——

A Labour is quick when its over in two or three Hours, & slow when it continues a day or two. — It is necessary to be acquainted with the Terms which are made use of by women at Labours. as — the Wet & dry Labour, — sick — & Sleepy Labour &c. — these terms are easily understood. ——

The three Stages of Labour are — 1st. From the Commencement of the Pains to the Rupture of the Membranes. — 2dly. From the rupture of the Membranes till the birth of the child — 3d. From the Birth of the Child till the Extraction of the Placenta. ——

The characteriſtics of the three kinds of labour muſt be kept in view.

Natural labour ſuppoſes, 1. *Proper preſentation of the head.* 2. *Sufficient room in the pelvis;* and 3. *Sufficient pains.*

Laborious labour ſuppoſes either *want of room*, or *want of pains.*

Preternatural labour ſuppoſes the *preſentation of any part except the head.*

5. *To diſtinguiſh the diſeaſe in queſtion.*

Various inſtances of diſeaſes are related to illuſtrate this matter, viz. cancer uteri, polypus, retroverſio uteri, &c.

Natural Labour.

Its general characters. It may be diſtinguiſhed according to the time neceſſary for its completion; hence ſome are *quick*, others *lingering.*

There is a kind of diſtinction made by women —what?

During labour certain remarkable phenomena occur; hence a diviſion into ſtages.—This explained.

The ſtages of labour are *three.*—Theſe defined.

The mark which diſtinguiſhes the *kind* of labour occurs in the *ſecond* ſtage—what?

Preparatory

Preparatory conſiderations concerning Labour.

A young practitioner ſhould adopt the cuſtoms of that part of the country in which he reſides.

The poſition in which a woman is delivered varies. In ſome countries ſhe ſits on the lap of another. In others, a ſtool or chair of a particular form is uſed.—Objections to theſe.

The poſition generally adopted in this country is the left ſide, either above, or under the bed-clothes. —Conſiderations reſpecting this matter.

Guarding the bed—what?

Incidents connected with the firſt ſtage of Labour.

Its ſigns—pain one of the firſt.—Its origin and progreſs explained.—Its periods of recurrence.—Its cauſe.

Pain from other cauſes ought not to be confounded with that of labour—obſervations on this ſubject.

Show, another ſign of labour—its compoſition—its ſeat—its uſe.

Judgment reſpecting labour formed from its preſence.

Rigors as a ſymptom of labour. They are ſometimes connected with ſtrong pains—then favourable; at others, a ſymptom of fever, or internal inflammation—then dangerous. A diſtinction is neceſſary.

Vomiting.

During Labour the Head of the Child frequently
presses on the Bladder and produces micturition.
and it frequently necessary to introduce a Catheter.
The Head may also press on the rectum and
produce an Inclination to go to Stool; but if
the Head is low down the should not be sup-
posed to go, for it sometimes happens that
the Child by the Pressure is pushed into the
world at the same time. There is an advan-
tage in women walking about when the
Pains are weak, for by its Gravity the Head
keeps down.

When we are first sent for, provided the Pains
are not strong, it may not be necessary to
examine immediately, but if the Pains
come on we may examine in order to discover
what progress the Labour has made; and this
should be done during the time of Pain,
for then we can distinguish the Parts better.
It is better if the Patient has another Woman
to leave it after the Examination, & the
Nurse will call you again to report the
Progress of the Labour: It is generally
better to keep the Patients Spirits up by
encouraging Language.

The proper time for breaking the membranes
is when the Os Uteri is sufficiently dilated
to allow the Head of the Child to pass thro.
It should be done during the time of
Pain. When we are about to rup-
ture the membranes, a Cloth should be
placed to absorb the waters.

Vomiting. This is frequently ſymptomatic of ſtrong pains, but ſometimes of internal inflammation. How to diſcriminate?

Micturition and Iſchury. They may both occur during labour. Their cauſe was explained when on the recent pelvis.

Teneſmus, or bearing down. Its cauſe and connexion with labour explained.

Obſervations on certain Proprieties of Conduct concerning Labours.

Always go as ſoon as ſent for, why?

Take care to avoid any conduct that can occaſion ſurpriſe or alarm; as this tends to check, and ſometimes to divert the labour pains.

If the labour be in an early ſtage, do not ſtay in the room too long at once.

The proper time for examination, explained.

Obſervations on the repetition of examination; and the objects to be kept in view.

The progreſs of the firſt ſtage of labour—traced.

The proper time to break the membranes.

The diſadvantage of breaking them too ſoon.

The Second Stage of Labour.

What?

This is the proper time for aſcertaining the preſentation and ſituation of the child.

If the pains are ſtrong, the child readily deſcends.

The time when aſſiſtance becomes neceſſary.

The manner in which the child paſſes through the external parts—explained.

Cautions particularly neceſſary at this time.

Expulſion of the body of the child how aſſiſted.

What is to be attended to before tying the navel-ſtring.

The parts where the ligatures ſhould be made.

The kind of ligature moſt proper, and cautions neceſſary in making them.

The ſeparation of the child.

Third Stage of Labour, or Extraction of the Placenta.

It is not to be brought away immediately after the child. Why?

The interval may be employed advantageouſly—how?

Before the placenta is brought away, it ſhould be clear that there is not a ſecond child—how known?

After waiting a quarter of an hour, the cord may be laid hold of, and put moderately on the ſtretch, the force afterwards gradually increaſed.

The

If a large Quantity of water is discharged the Uterus does not act again immediately, this proceeds from the Change. — When the Head is passing thro the Pelvis, & then thro the external parts, it is very necessary to support the Perinaeum, to prevent the head from passing out with much force; as it endangers a Laceration of the Perinaeum. — When the head is thro, the first thing to be done, is to discover whether the Umbilicus is around the Neck of the Child: If it is then are two ways of removing it, — 1st by depressing the Occiput & passing the Umbilicus over it. 2d By enlarging the Navel String, & suffering the Child to pass thro it. — The Navel of the Child should be kept as close to the Mother as possible, to prevent Inversion of the Womb. The Child ought to breathe about this time. if it should not, the Lungs should be inflated And Dr. Haighton advises the use of a pipe to be passed into the Trachea; as the other means of inflating the Lungs are not so certain. whenever it is done the Trachea should be pressed back on the Oesophagus, to prevent the Air from passing into the Stomach, and this should be done prior to tying the Navel String, which should be done with two Ligatures, one about 2 Inches from the Child, the other about an Inch near the Mother, & then divided in the middle — the Ligatures should be composed of ten or 12 threads, so as to form a broad Ligature, for as the Vessels are very tender they are liable to be cut thro'. — The reason of placing two Ligatures, is in case of 2 Children, & of course two Placentae; & the Extraction of the placenta should never be attempted, till the Hand has been placed on the Abdomen to satisfy the Practitioner there is not another Child, which is very easily known by the feel of

the face of the Child is hard, & incompressible,
& that of the Womb, soft, & contractile.

The manner of extracting the Placenta is, — After waiting about 15 or 20 minutes for the contraction of the Womb, the Navel String should be passed round the fingers of the right hand to prevent it from slipping; the left hand should then be passed up, & grasp some portion of the Placenta, equal force to be used with both hand & the Placenta brought away. — Much force should not be used; neither should it be done too hastily nor too early, before the Womb has contracted — for if this is done Hæmorrhage or Inversion of the Womb may occur; or sometimes the Navel String breaks, & the Placenta being particularly vascular, & partly detached, a violent Hæmorrhage comes on. In this case the Hand should be passed up into the Uterus, and the Placenta brought away immediately. — In case of Inversion the Uterus should be replaced as quick as possible, by Pressure on the part protruding, & the pressure to be continued till the Uterus is replaced. —

It has been advised by Ruysch that the Placenta should be left to Nature, but this is an Error, Dr. Hunter was of the same Opinion but both have fell into disrepute. — The irregular contraction of the Womb, is when the Nuck contracts first after Labour, & the Os Uteri becomes closed: the Manner of knowing & preventing this, is by passing one Hand to that part of the placenta where the Funis is inserted, while the other holds the Funis. When this Contraction does take place, the finger should be introduced into the Mouth of the Womb, & dilitation should be attempted, or the Speculum should be introduced. If there is no flooding we may wait a little while. — And if this Contraction should be spasmodic, then 40 Drops of Tinct Opii should be given — The Uterus contracting in the Middle is termed, the Hour Glass Contraction. — The Schirrous Contraction does not occur so frequently as its supposed to do; but when it does the Woman suffers a great deal of Pain, during Pregnancy. If a morbid Adhesion of the Placenta to the Uterus should occur, the Hand should be introduced

The uterus is not always in a condition to expel the placenta ſoon.

What is to be done in theſe caſes?

The propriety of the different modes of practice inquired into and explained.

Flooding or inverſion of the womb, are accidents likely to occur at this time, and therefore ought particularly to be guarded againſt.

When theſe accidents occur, what treatment ought to be adopted?

Reduction of the uterus impracticable unleſs ſpeedily attempted.

A caution reſpecting reduction.

Inverſion of the womb ſometimes partial—how known?

The proper treatment.

Some commit the expulſion of the placenta to nature.—This is objectionable, as many die.

The navel-ſtring is ſometimes broken.—The proper mode of proceeding here.

Impediments to the extraction of the placenta, ariſe, ſometimes from a ſchirrous adheſion; at others, from irregular action of the uterus.

Schirrous adheſion will generally require the introduction of the hand, eſpecially if the chord is broken.

The mode of ſeparation explained, with practical obſervations.

Impediment to the extraction from irregular action of the womb, depends either on an untimely

contraction

contraction of the *os uteri*, or a preternatural conſtriction at one part of its body.

The natural and preternatural contractions conſidered.

The manner of overcoming this irregular action.

An opiate may ſometimes be uſeful.

If a flooding enſues, a more compendious mode of treatment may be expedient.

Lingering Labour.

Definition.

Its cauſe will be better underſtood after the cauſe of labour in general has been explained.

The explanation depends on conſiderations relating to the powers by which the ovum is either retained in utero, or expelled by it.

The ovum is retained by its bulk, attachment, cloſed ſtate of the os uteri, and rigidity of the paſſages. Theſe operate on the principle of *reſiſtance*.

This reſiſtance is oppoſed by contraction of the uterus, diaphragm, and abdominal muſcles, on one common principle, called *moving power*.

Deduction from theſe premiſes.

There are *two* general cauſes of lingering labours, viz. defect of pain, and increaſed reſiſtance.

Defect of pain, may depend on debility, plethora, paſſions of the mind, an over diſtention of the uterus,

& the Placenta separated from the Uterus, and by no means to leave any part of it attached to the Uterus, if its possible to get it all off. If Irritation should come on Opium must be given to allay it. & if it should increase, it is, in some Instances necessary to leave it to Nature. That is, — when the Irritation is so great, that the life of the Woman is in danger ——

Lingering Labour may be produced by various causes. The Passions of the kind have very great Influence over the Action of the Uterus. In this case, something Stimulating may be given internally, also the os Uteri may be stimulated; — pressing it back, towards the rectum produces a good Effect. The Pains at this time are very weak, & relaxation not very great, — Opium should be given. & let her go to sleep. — Plethora may also produce lingering Labour, and the first Attempt we make, must be to lessen the habit, by Bleeding, and then Stimula may be applied more safely. — Sometime the Appearance of the Practitioner entirely suspends Labour for some time. If a woman has Twins, or too great a Quantity of Water, the Uterus may be over distended & will not act. In this Case the Membranes should be broken, & the Action of the Uterus will be brought on. — Women during Labour, seize & grasp, & push their Feet against any thing, & this assists the Labour. — When the membranes are tough & the os Uteri fully dilated, the membranes are to be broken by the Practitioner. ——

Rigidity of the Parts is very common in Women who do not have Children early, and its a good practice to take away about 8 or 10 ounces of blood at the Period of Labour, in order to relax the parts. Enemas have been used with advantages also Sitting over the Steam of warm water, the woman should walk about; a few drops of Opium administered occasionally, & sometimes merely for satisfaction we must give a little medicine. & we should endeavour to get rid of some of the women who are always present, and do no good. —— In the course of time the Parts become dilated, & the Head remaining; it may then be necessary to use Instruments, but this comes under Laborious Labour. ——

When a woman has been in Labour some time & complains of violent pain in the Head, - a dazzling of the eyes, - or dimness of sight, we may expect that convulsions are coming on; & it will be proper to inform the friends & call in another Practitioner. ——

A disproportion of the Pelvis in a small degree may not require any Help, for the Bones of the Head lapping over each other, will be sufficient. But when the disproportion of the Pelvis is great, Instruments must be used. ——

rus, and any thing that may check the general exertion of nature.

Debility requires the uſe of means that can give ſtrength, and afterwards to ſtimulate—how to be accompliſhed.

Plethora requires blood-letting, and ſometimes a ſtimulus afterwards. It is injudicious to ſtimulate before evacuation.

Paſſions of the mind divert the pain, therefore all cauſes of mental agitation ſhould be avoided.

Over diſtention of the uterus will check the pain; when this depends on waters being too abundant, what ſhould be done?

Impediments to the general exertion of nature may depend on various cauſes, the treatment of which muſt be regulated by the peculiar circumſtances of each.

Increaſed reſiſtance from various cauſes may occaſion lingering labour, viz. from toughneſs of the membranes, rigidity of the paſſages, diſproportion of parts, unfavourable ſituation of the head.

Toughneſs of the membranes impedes the advancement of labour by not breaking at a proper time.—The proper management on theſe occaſions.

Rigidity of the paſſages may be eaſily aſcertained; and the knowledge of it leads to the following indications, viz. to effect a relaxation of parts, to gain time, to guard againſt accidents, and to encourage the patient.

Diſproportion

Diſproportion of parts retards labour, only a ſlight diſproportion is here ſuppoſed.—The manner of judging when this cauſe exiſts.

Alſo unfavourable ſituation of the head—how judged of, and the proper indications.

Obſervations on ſome cauſes of lingering labour which are conſidered doubtful, viz. the premature burſting of the membranes, the navel-ſtring around the neck of the child, the ſhoulder hitching on the os pubis, and the anchyloſis or rigidity of the coccyx.

Laborious Labour.

Definition.

Its cauſe is either diſproportionate between the pelvis and the head; or defect of pain.

The diſproportion may depend on narrowneſs of the pelvis; enlargement of the head; or both.

Diſproportion varies in its degrees, the leſſer of which are relievable by gentle means, the greater by more ſevere treatment.

Both merit conſideration.

The milder kind of laborious labour is manageable by the lever or forceps, which do no injury to the mother or child, if properly uſed; the more ſevere kind require the perforator and crotchet to remove the diſproportion. We ſhall firſt conſider the leſſer diſproportions.

Different modes of relief have been propoſed, viz. the fillet, lever, and forceps.

Obſervations

Sometimes the Membranes being very tough, and the Pains strong, the Uterus & all its appendages come down into the Pelvis; in this Case the Hand should be passed up to support the womb during Pain. — Rigidity of the Os Coccyx is sometimes Guiventes the Head from passing down; if it is nothing more than rigidity, time will remove it, but if its from Anchylosis, it may be necessary to lessen the Head &c. —

If the Labour is particularly slow, & the Pains weak, we should enquire into the Cause of it, & endeavour to remedy it! — When we know that the Pelvis is deformed we must expect that the Labour will be a laborious one; and in some Cases the Disproportion is so great, that its necessary to lessen the Head of the Child; if the application of Instruments fail in bringing it down; which we must endeavour to do by the Lever, Forceps &c. —

In the Case where the navel String comes down before the Head of the Child, the Lever can be used with Advantage. Previous to the Application of either Lever or Forceps, the Bladder & rectum should be emptied. — The short Forceps are generally applied to the Sides of the Head; when it is low down the Forceps can be applied with ease. — The Forceps should always be greased or warm, and during a Pain: and with the short Forceps its immaterial which Blade is applied upon first, they being both alike. — The locking of the Instruments should be particularly attended to; that none of the soft Parts of the Mother be included; the Handles for pulling down should be slowly from Side to Side. And as the Head of the Child descends, if the Perinæum should be on the stretch, the Head should be suffered to remain in the Pelvis, till the Perinæum is fully dilated. —

Obſervations on the *fillet*, with its diſadvantages.

The *Lever*. Its hiſtory and improvements.

The *Forceps*. A variety of ſpecimens are ſhown, and their diſadvantages conſidered.

Conſiderations regarding the Uſe of the Forceps.

Theſe comprehend, 1ſt. The propriety of uſing them. 2d. Rules neceſſary to be attended to in all caſes. 3d. Rules applicable to particular caſes.

Various reaſons may be aſſigned for uſing this inſtrument; but theſe are not all of equal weight.

A very urgent reaſon is, where the head has deſcended low down in the pelvis, pains have been ſtrong, but now going off, patient much exhauſted, flooding or convulſions attending.

But the forceps may be uſed with great propriety in caſes leſs urgent. This ſubject conſidered.

Before the forceps is uſed, it will be proper to have the bladder and rectum evacuated.

The patient may lie on the left ſide on every ſituation of the child's head: but ſome attention is required to avoid certain inconveniences. This explained.

The forceps ſhould be warmed.

The os uteri fully dilated.

The head deſcended low down.

The inſtrument to be introduced during pain.

As both blades have the ſame conſtruction, it is indifferent which is paſſed firſt.

The direction of the blades muſt be determined by the ſituation of the ears of the child.

Obſervations relative to the convenience of paſſing up the blades, ſo as to effect a proper locking.

The mode of introducing the firſt blade more particularly explained, with obſervations on the manner of introducing the other.

The teſt of good or bad hold conſidered, together with the manner of exchanging the latter for the former.

The proper time for drawing down, and the moſt advantageous mode of doing it.

The application of theſe Rules to particular Caſes.

No part except the head is proper for the forceps; and this only in two preſentations, viz. *vertex* and *face*. When the vertex preſents, the face may have different ſituations with regard to the pelvis; from this the French have formed *ſix* caſes.

Theſe admit of reduction into *two*, viz. the ears towards the ſides of the pelvis; or oppoſed to the ſacrum and pubis.

When the ears are towards the ſides of the pelvis with the face in the hollow of the ſacrum, the blades ſhould be introduced, 1ſt below, 2d above. Why?

The general rules being here attended to, the termination of the caſe will be effected without difficulty.

When

The first thing to be known is the Situation of the Face, which may be discovered in the following manner; — If it is situated towards the Pubis the Sagittal Suture will be found running from Sacrum to pubis — and the great Fontenil being also situated next the Os Frontis, & the little Fontenil behind next the Occipital Bone. — But if the Face is situated to either Side of the Pelvis; the Sagittal Suture will be found running from Side to Side, & the Face may be known by the great Fontenil. —

If the Face is situated to the left Side; the first Blade of the Forceps is to be passed up on the Side next the Pubis with the left hand; & the second blade on the other Side with the right Hand. —

In a Face Case, the Forehead is the first part that presents, and as the womb forces down the Face is thrown forwards. — The Situation may be known by the Chin being to the right or left Side, & the Ears towards the Perinæum or Pubis. —

When the Face is towards the Pubis, the first blade of the Instrument is to be passed up towards the left Side, & the 2d Blade above towards the right Side. — When the Head is coming thro the external Parts, the occiput should be supported as much as possible to save the Perinæum; the long Axis of the Head being in Contact with the Perinæum. —

When the face is ſituated towards the pubis, the head paſſes with more difficulty. Why?

This may ſometimes make the forceps neceſſary.

Different opinions concerning the management of theſe caſes, with their advantages and diſadvantages.

The forceps may be introduced as in the laſt caſe, but the utmoſt care will be required to extract the head without lacerating the perinæum. The cautions neceſſary to be obſerved, explained.

When the ears are oppoſed to the pubis and ſacrum, the practitioner muſt inform himſelf to what part of the pelvis the face is ſituated. Why?

Here the firſt blade ſhould be introduced in the direction of the pubis. Why?

The inſtrument being fixed, the face ſhould be turned into the hollow of the ſacrum by the ſhorteſt route.—This illuſtrated.

The Face Caſe.—Defined.

The forceps is not always neceſſary in this preſentation; for ſtrong pains will frequently expel the head.

Before the uſe of the forceps can be here rightly comprehended, the manner in which nature terminates theſe caſes ſhould firſt be explained.

The moſt ſimple face caſe is, where the chin is oppoſed to the pubis. Why?

The manner of introducing and fixing the inſtrument being underſtood, the next concern is to keep the chin as low as poſſible, to facilitate the

deſcent of the head, and to extricate it from the external parts with ſafety. This demonſtrated.

When the chin is ſituated at one ſide of the pelvis, the object is to incline the chin to the pubis, and proceed as before.

The chin is ſometimes ſituated towards the ſacrum: here extraction of the child *alive* is ſcarcely to be expected, unleſs the head be very ſmall. Fortunately, theſe caſes rarely occur.

Obſervations on the Uſe of the Lever.

The management of the lever ſuppoſes a knowledge of the general rules for uſing the forceps, alſo the neceſſity for uſing it ſhould be well aſcertained.

The lever may be uſed ſoon after the head has completely entered the pelvis; but the lower the deſcent, the greater the advantage.

This inſtrument may be applied either on the occiput, or along the ſide of the face by fixing the feneſtra of the blade upon the chin.

Cautions againſt injuring either the child or the mother by its uſe.

Laborious Caſes requiring the uſe of the Perforator and Crotchet.

When neither the lever nor the forceps can be uſed with advantage, we have recourſe to this diſagreeable alternative. As the child muſt in theſe caſes

We must be particular when the Cars are situated to the Pubis & Sacrum to make the proper turn. The first Blade to be placed in the Direction of the Pubis, & the other towards the Sacrum, & by keeping up the Blades in this Manner, the locking of them will be much easier. —

Nature in Some Cases generally makes a Turn, which throws the Head to the Pubis, & She should be assisted to do this, & the Practitioner not interfere, for that turn is properly made, & then the Forceps may be applied; but the most necessary thing to be attended to is the depressing the Chin, which should be done as soon as possible after it has passed the Symphysis Pubis. —

In introducing the long Forceps, keep the first Blade up underneath, & the Second above, taking Care to apply the Curve of the Blade in the Same Direction as that of the Pelvis. —

Dr. Haighton is of Opinion that the long Forceps, if properly used, would in many Instances save the life of the Child, where the Perforator & Crotchet would otherwise have been used. — The long Forceps used by Dr. H. are curved to coincide with the Axis of the Pelvis, & are about 2 Inches longer, than the others. They are generally applied to the Occiput & Chin; if the Head is in a proper position, for then is not room for the Forceps from before backwards; & when the Head is brought into the Pelvis, the Lever can be used with Advantage, by being applied to the Occiput. —

The Lever can be used with Advantage in many Instances, when Nature cannot quite compleat the Business. When the Head is resting on the Brim, it should be applied to the Occiput, & bringing it into the Pelvis it should be then with drawn, as it cannot assist in making the Turn. It may be applied on any part afterwards. — The best Case for using the Lever, is when the Head is come low down in the Pelvis & the Occiput forwards; here it may be applied, and if the Outlet is perfect, there is no doubt but the Lever will finish the Labour; & The Slinger should act on the opposite Side of the Head, on the principle of Forceps. —

It does not follow if a woman has had an easy Labour that the next will be so. for there may be disease on the part of the Mother or Child. When the Head is at the Brim, Dr. Haighton usually applies the long Forceps, & if these fail it necessary to open the Head & let out the Main. — If the Child is dead, the lessening of the Head, might be performed sooner; the Death of the Child is usually known by the putrid discharges, the looseness of the Cuticle. want of Resistance in the Bones of the Head; Emphysema. — No Pulsation of the Navel String, — want of Movement in the Child must not be depended on: for they some times lay still for a day or two, & then move again. — —

Discharge of the Meconium in the Breech presentation proceeds from Pressure; but if any other part presents & the Meconium is discharged we may then conclude that the Child is dead.

The Position of the woman for using the Instruments to be the same as in Labour close to the Edge of the Bed, & the os Uteri being fully dilated. The Sagittal Suture is the most proper place for the Perforation: the openings cannot be made too large. the Instrument should be moved about, to break down the Substance of the Brain. Care should be taken, that the Bones do not give way, & Injury be done to the soft parts of the Mother; the finger should be kept on the outside to prevent it. Dr. H. in the first place applies the long Forceps, & if these fail he lets the Instruments remain on & applies the Perforator, & when the Head is lessened the Forceps can act with greater Advantage, than he could do with the crotchet, Blunt Hook &c. — —

caſes be deſtroyed, the expediency of this ought to be well aſcertained, and this may be done in different ways.

Obſervations on the reſult of her former labours may ſometimes aſſiſt us.—How far?

It is ſafer to truſt to meaſurement of the pelvis, together with accurate obſervations reſpecting the head.

Cautions to be obſerved in conducting this inquiry.

The neceſſity of opening the head may depend on different cauſes, but which are reſolvable chiefly into *one*, viz. a defect of room.—This explained.

But a perforation is ſometimes admiſſible when the child is dead, and where the diſproportion is ſlight. Here, no doubt ſhould exiſt reſpecting its death: therefore the different ſigns of it ſhould be well examined, viz. great mobility of the bones of the head, ſeparation of the cuticle, emphyſema, want of pulſation of the cord, putrid diſcharge, want of motion in the child, diſcharge of the meconium, &c.

Further obſervations on the propriety of opening the head, with cautionary remarks.

The inſtruments for performing the operation are various. Several ſpecimens of which are ſhown, with remarks on their advantages and diſadvantages.

Thoſe at preſent in uſe are, the perforator, crotchet, and blunt hook.

The operation consists in introducing the left hand as a guide to the perforator, which may be applied with the greatest advantage upon a suture —in a careful dilatation of the opening —in breaking down the texture of the brain, and extracting a sufficient portion of it—in introducing the crotchet, fixing its point in the bone from the inside, and drawing down—in guarding against injury to the woman from the slipping of the instrument—in removing separated portions of the bone with care, &c.

Observations on the proper time for drawing down with the crotchet in different cases.

The particular management of cases where extreme difficulty attends.

Preternatural Labour.

In these cases the head comes away the last part.

A division of them may be formed into two classes.

First. When feet, knees, or breech present, the child can pass through the pelvis in any of those directions.

Second. When any other part presents, turning is necessary.

The presentation of the feet being the most simple of the preternatural cases, this ought to be considered first.

Observations respecting the situation of the toes with regard to the pelvis, as affecting the management of the case.

Before

Sometimes the Shoulders do not come away without a great deal of force, and it is sometimes expedient to apply the Blunt Hook under one of the Arms, & to give relief. —
Sometimes Collections of Water in the Abdomen prevent the Body from passing, & if this increases it is necessary to use the Perforator & discharge it. —

The easiest of the Feet Presentations, is when the Face of the Child lays to the back of the Mother. here you have only to draw down. When the Breech has passed out, the Navel String is in danger of being compressed, & delivery must be accomplished as soon as possible: And in these Preternatural cases, we do not wait for Pains. When the Shoulders are low down you ought to carry your finger to the bend of the Elbow; & placing the finger on the outside of the Elbow, draw down the Arms, bringing them under the face of the Child. When the Head is coming out, slide the four finger of one hand along the belly of the Child, the other along the Back, & have command over the Occiput, by placing one Finger on each Side and depressing it. —

When the Face is situated to the fore part, it should be turned into the Sacrum as soon as the Thighs can be laid hold of. —
If the Toes are situated to either Side, the Same turn must be observed. —

Whenever the Feet present, & the Thighs are coming thro', hop up your finger to discover if one Arm is coming down by the Side of the Child, — if it is, keep it there, and the other will be the easier extracted. —

The Breech presentation is when the Arms is situated in the centre of the Pelvis, the Groin of the Thighs can be felt by passing the Hand around; — And if a male Child, the Scrotum may be distinguished. — If you feel a bag of water, then are not to open it, but consider it as a proof of its being a male Child. — Your Fingers will also sometimes be wound with Meconium. ——— The most simple of these Cases is when the back of the Child is to the Belly of the Mother. — When the Back is situated to either side, the Child should be turned as soon as the Breech can be laid hold of. In drawing down, always pull by the Body of the Child, and not by the Thighs, the Feet will fall out of themselves; the Arms are then to be brought away as before. — If the Thighs are situated to the Belly of the woman, it may require help, either by the Finger or blunt hook, being hooked in the Groin. — When one Leg presents, the child is to be drawn down by the Leg, having the four Fingers in the opposite Groin. ——— When the Knee presents, pull down more by the Thighs, & the Feet will drop out. When one Knee presents, it is to be managed similar to when one Foot presents. ———

Before delivery ought to be attempted, the os uteri ſhould be fully dilated.—Why?

When delivery is proper, great care is neceſſary to bring away the child without injuring either it or the mother.

The manner of conducting this demonſtrated, with the cautions neceſſary to be obſerved.

The extraction of the arms and head are the parts which require the greateſt attention.

When the toes point towards the oſſa pubis, they ſhould be inclined towards the back of the woman as ſoon as the thighs can be laid hold of, then proceed as before.

The Breech Preſentation.

The Breech Caſe.—How known?

It ſhould be diſtinguiſhed from a hip preſentation. This laſt may be changed into a breech caſe.

Here the child's back may be ſituated either to the anterior, poſterior, or lateral parts of the woman. The firſt of theſe is the moſt ſimple caſe.

When both child and pelvis are ſtandard, and pains ſufficiently ſtrong, nature will terminate the caſe.

When any of theſe are wanting, help will be neceſſary.

If the child is near the outlet of the pelvis, a finger may be introduced into the groin.

If too high for the finger, a blunt hook.

Cautionary obſervations on the manner of giving aſſiſtance in each of theſe ways.

If the pelvis is too narrow to admit the breech, bring the legs down and open the head.

In breech caſes, where the child's belly is ſituated forward or towards the ſides of the pelvis, it ſhould be inclined backwards as ſoon as it projects beyond the external parts.

The preſentation of one foot, to be managed partly as a breech caſe, and in part as a foot caſe.—Explained.

One or both knees preſenting.—How managed.

Turning.

When neither the head, breech, nor lower extremities preſent, this operation will be neceſſary.

The practice of the ancients in ſuch caſes.

A conciſe hiſtorical view of this operation.

Rules are neceſſary, as well to judge of the expediency of the operation, as to direct the practitioner to the proper mode of performing it when required.

Turning is ſometimes thought proper when the *head* preſents: here the concomitant circumſtances muſt determine the propriety—theſe circumſtances uſually are, *unfavourable ſituation of the head—flooding—convulſions—want of pain—want of room in the pelvis—oblique ſituation of the uterus—a prolapſe of the navel-ſtring with the head.*

Unfavourable

When a woman has gone her full Time, and either the — Back — Shoulder — Side — or Arm presents; its necessary to change the Position for a Foot Presentation. — It was formerly the Custom in these Cases to mutilate the Child, & bring it away by Pieces. — Ambrose Parré a Frenchman was the first person who proposed Turning. There are two Kinds of Turning, one from Necessity — the other from Choice when persons do not use the long Forceps; the Head presenting, Hemorrhage coming on, & the Pains weak. — Sometimes the Head is so unsteady in the Cases that the long Forceps cannot be found. — When the Head presents, and the Pains & Pulse become weak it will be necessary either to apply the long Forceps or turn the Child; this is after having waited some considerable Time. —

Unfavourable ſituation of the head may require turning where the poſition cannot be rectified by the hand or lever.

Flooding and *Convulſions.* The propriety of turning theſe caſes will be conſidered when treating of thoſe particular ſubjects.

Want of pain. In this and the following caſes the head is ſuppoſed to reſt upon the brim of the pelvis. Turning ought not to be propoſed after the head has entered the pelvis—why? In thoſe caſes the lever or forceps may help.

Turning is admiſſible where there is a want of pain, provided unfavourable ſymptoms appear while we are waiting to give nature an opportunity to act—illuſtrated.

Want of room. There are oppoſite opinions concerning the propriety of turning here; for if the head cannot be extracted very ſoon after the body, the child dies; and the object of the operation is defeated—the queſtion more fully conſidered.

Obliquity of the Uterus. Turning is ſeldom neceſſary on this account.

Prolapſe of the Navel-String. In theſe caſes, ſome favour turning, others oppoſe it. The object being to ſave the child as well as the mother, we ought not to turn without a proſpect of ſucceſs. Different conſiderations on this ſubject leading to the admiſſi-

bility

bility of turning when the four following conditions unite in the ſame caſe, viz. 1ſt. A pulſation of the cord proving the life of the child. 2d. Its head not having yet entered the pelvis. 3d. Pains not ſtrong. 4th. A relaxed ſtate of the external parts to admit of a ready extrication of the head.

No practitioner is juſtified in turning the child from any motives of convenience to himſelf.

Further conſiderations on the propriety of turning, and on circumſtances tending to make the performance of that operation eaſy or difficult.

Neither bladder nor rectum ought to be diſtended at the time of turning.

In the operation of turning, the following rules ſhould be attended to, viz. To know the general poſition of the child—to uſe the right or left hand according to the ſituation of the child's feet—to prepare the hand before it is introduced—to have the uterus ſupported by an aſſiſtant—to guard againſt introducing the hand on the outſide of the membranes—to convey it to the feet in the moſt gentle manner poſſible, deſiſting from the attempt during the pains, and proceeding in the intervals—to exhibit opium where difficulty ariſes from frequent and ſtrong pains—to carry the hand ſufficiently high to reach the feet—to avoid miſtaking a hand for a foot—to be certain that both feet belong to the ſame child—to draw down gently—and to guard againſt drawing the child doubled into the pelvis.

Application

Thus we have determined on Turning all
must first attend to the Position of the
Child, & the degree of pain: for when the
pains are strong, & the Irritation of the
Nerves great, the Introduction of the hand
increases it, & tho' you may rest with
the Hand in the Vagina, yet as soon as
the Hand moves, the Pains begins back
There is one Objection to Turning in
first Labours — viz. — The Rigidity
of the soft parts. —

When the Head is small, & the Pelvis large, the Hand & Head may pass, but the Arm should never be pulled, for this will make an Arm case of it. - In passing up the Hand, the Arm may be pushed up, & if this should ~~fail~~ fail at first, it should be repeated, till the Head is fixed at the brim of the Pelvis that it cannot come down. The Forceps or Lever may be applied on the Occiput. ———

When the Children are alive we should never wait for the Spontaneous Evolution. tho we know that it is not impossible for Nature to make this Evolution. and an objection to this rule is, that in all turning Cases, it should be done as soon as the Membranes give way. ———

Application of the general Rules for Turning, to particular Cases.

The principles being underſtood, their application becomes eaſy.

The Back preſentation requires turning.

It may be known by feeling the ſpinous proceſſes of the vertebræ, in the middle of the pelvis.

The peculiarity in the mode of turning here, conſiſts in conveying the hand up to the feet by croſſing the back. The moſt convenient manner of doing this explained.

The arm preſentation.

It is ſometimes difficult when the ſhoulder is wedged in the pelvis, and pains ſtrong.

An arm preſentation ſeldom requires turning before the ſixth month; but it is generally neceſſary at the ſeventh, and ſometimes earlier.

Further conſiderations on this ſubject.

Sometimes a hand comes down with the head; this is not a true arm caſe—obſervations on its management.

In arm preſentations, the child has ſometimes ſpontaneouſly turned round in utero, and its breech has preſented (*ſpontaneous evolution*); ſuch children have uſually been born dead.

Can

Can any general principle or practice be deduced from this fact?

It is certain that many arm presentations occur in which nature discovers no propensity to an evolution; waiting in such cases must be very disadvantageous where turning becomes ultimately necessary.

Turning in the arm-case is difficult when the shoulder is wedged low down in the pelvis, and the pains urgent. Here moderate the pains by opium, and gently elevate the shoulder to make room for the introduction of the hand.

In this attempt due regard must be paid to the general rules for passing up the hand to the feet; first observing whether the child's belly lies towards that of the woman, or the contrary.

Sometimes uncommon difficulties occur; here the force necessary to surmount the obstacles should be tempered with prudence; and sleight, where it is possible, should take place of force.

In some particular cases embryotomy may be necessary—the mode of conducting this explained.

Sometimes a difficulty attends the extraction of the child after it is turned—here water or air in the abdominal cavity may be a cause—how to proceed in these cases.

But a more common obstacle is in the head.

Obstacles to the Extraction of the Head.

These depend either on unfavourable position or disproportion.

The

Either Hand of the Practitioner may be used in turning, according to the relative Situation of the Child: This is considerable difficulty in passing up the Hand, when the Shoulder is wedged low in the Pelvis. here a gentle Elevation of the Child should take place; If it arises from Spasm, a full dose of Opium should be given, and the Practitioner should wait for the Effect of the Opium. — Dr Baylton never performed Embryotomy but once, & that was on a dead Child. —

The former is the effect of miſmanagement, the latter is inevitable.

Malpoſition of the head may be guarded againſt by duly attending to the principles laid down when we deſcribed the head with relation to the pelvis. An attention to thoſe principles further inſiſted on, both for preventing and relieving in caſes where the chin or occiput are wedged towards the pubis or ſacrum.

Difficulties ſometimes occur at the outlet—their prevention and management explained.

Diſproportion between the head and the pelvis, varies in its degree—when ſlight, the obſtacle may be removed by placing the head in the moſt favourable poſition for paſſing through—directions for conducting this.

Delay in extracting the head, though only for a ſhort time, is generally fatal to the child. Here, as in all dubious caſes, inflation of the lungs by a proper inſtrument is proper—explained.

When the diſproportion is conſiderable, it muſt be removed by opening the head without ſeparating the body from it.

Parts proper for the operation, with the mode of conducting it.

The management of caſes where the head has been left behind. Such caſes cannot with ſafety be committed to nature, eſpecially if there be diſproportion.

Various propoſals for extracting the head when ſeparated

ſeparated from the body conſidered. Moſt of them diſadvantageous.

The perforator and crotchet are the beſt means. The manner of uſing them deſcribed.

Twins.

When the management of labours where there is one child is rightly underſtood, thoſe where twins exiſt cannot be difficult.—Why?

The exiſtence of twins how known?

The ſigns of twins very equivocal, when judged of during pregnancy. An illuſtration of this poſition.

During labour, and before the birth of the firſt child, circumſtances do ſometimes occur which indicate twins.—What?

The moſt practical time of judging concerning twins is after the birth of the firſt child. Then an opinion may be formed, either from the pains, manual examination by the vagina and uterus internally, or by laying the hand on the lower part of the abdomen.

Practical conſiderations on theſe different modes of forming an opinion.

The laſt mode is preferable to the former.

Concerning the management of the ſecond child *three* different opinions exiſt. *Firſt,* Is to deliver immediately. *Second,* Is to commit the buſineſs

entirely

entirely to nature. And *Third*, To adopt an intermediate courſe.

Objections to the two former modes, propoſed.

The laſt is recommended.

It is thought eligible to conceal our knowledge of the ſecond child until it is coming into the world. —Why?

The manner of doing this, and of proceeding in caſes where pains come on, and where either the head, feet, or breech preſent.

The mode of proceeding when the pains do not come on.

Such caſes as require turning where there is only one child, require it equally in twins.

When the ſecond child is born, examine for a third, &c.

The placenta muſt not be extracted until all the children are born—why?

The manner of doing this.

Monſters.

Theſe are fœtuſſes which differ from the common form.

The mode of formation is very obſcure, and the cauſes which divert nature from the ordinary courſe of evolution are not underſtood.

A knowledge of the different forms of monſters is uſeful in practice—how?

Monſters conſidered relatively to practice may be divided

divided into ſuch as have a *deficiency*, *redundancy*, *mal-formation*, and *mal-ſituation*.

Practical obſervations on each of theſe.

Deviations from the common period of Birth.

Moſt labours occur at the end of nine months. Many happen before that time. But can a woman exceed nine months?

Oppoſite opinions on the matter.

The poſſibility of its exiſtence in the human ſubject is probable from obſervations on brutes.

This ſubject comprehends a queſtion of law relative to the legitimacy of iſſue.

But to what extent pregnancy can be protracted beyond the uſual time, is difficult to determine.

Premature Birth.

Theſe are very common, and may occur in any period.

Some of theſe live after birth; others not; hence the diſtinction into vital and non-vital. Obſervations on this point.

Miſcarriages are ſuppoſed to occur more frequently at ſome periods of pregnancy than others. Explained.

Practical obſervations.

The immediate cauſe of miſcarriage is the ſame as that

Names	Place of Residence	Date When Delivd	Male or Female	Distinction of Labour Natural	Preternat.
Magnus Mrs	Minories	June 9th	Male	Natural	
Ward Mrs	Spital Mach.t	16	Female	Do	
Dent Mrs	Whitechapel	18	Do	Do	
Manley Mrs	Bethnal Gen.	July 6	Male	Do	
Dye Elizth	Do	9		—	Preternl
Joshua Mrs	St M.y Axe	12	Male	—	Do
Cruff Mrs	Castle St	14	Mouth	Extr: Placenta	
Harris Mrs	Rose Lane	14	Female	Natural	
Badger Mrs	Essex St	Aug.t 13	Male	—	Preternl
Brown Mrs	Anchor St	20	Male	—	Do

that of labour; therefore pains from uterine contraction ſhould be either moderated or removed. Miſcarriage may be produced by ſeparation of the placenta; premature breaking of the membranes; or any thing which can deſtroy the fœtus.

A miſcarriage from accident will ſometimes occaſion a ſuſceptibility to future miſcarriages.

This ſubject further conſidered. Practical reflections.

A miſcarriage ſometimes is not preceded by any conſiderable diſcharge of blood; at others it is. The difference accounted for.

Miſcarriages preceded by a diſcharge of Blood.

Theſe are more dangerous than the former, and therefore merit particular conſideration.

Their ſigns are, diſcharges of blood, at unexpected periods, having a diſpoſition to coagulate, with pain, bearing down, &c.

Some judgment is neceſſary to diſcriminate between ſuch diſcharges and the menſtruations in the early months of pregnancy. This ſubject fully dilated upon.

The earlier the period of pregnancy is at which theſe miſcarriages and floodings occur, the leſs dangerous they are to the patient. *Et vice verſa.*

Treatment of Miſcarriages in the early Months.

The patient when in expectation of it ſhould be kept quiet in body and mind, her poſition ſhould be horizontal, and kept very cool, every thing heating or ſtimulating ſhould be particularly avoided, blood-letting muſt be regulated by the pulſe. Nitre, mineral acids, opium, &c. to be adminiſtered according to circumſtances.

Frequent returns of hemorrhage may lead to conſiderations on the propriety of promoting miſcarriage. The arguments for and againſt this matter, compared.

Obſervations on the uſe of ſtyptic applications to the os uteri by means of plugs, where this part is not diſpoſed to dilate.

When diſpoſition to miſcarriage is very evident from the relaxed ſtate of the os uteri, this may ſometimes be improved by management, and the uterus evacuated.

Obſervations on the uſe of inſtruments.

All diſcharged coagula ſhould be examined, leſt they contain a miſcarriage unobſerved.

Preparations to ſhew the various forms of miſcarriages.

Miſcarriages in the latter Months.

The danger here is much greater than in the early months.—Why? And its degrees depend on the

High Wycombe - 5 May 1809

1809			1809
1	Hunt. —	Radnage.	July
2	Avory —	Horsleys green	August
4	Piper, Painter		Do.
5	Wood, Tailor		Octr.
3	Andrews x		August.
6	Dormer x		Novr.
7	French, Downly x		Decr.
1810			1810
8	Bowler, Whaler end		Jany
9	Mason, Kingshill		Febry.
10	Hill. Maidenhead Lane.		Do.
11	Free Naphill.		March
12	White x		March
14	Mendy x		April
20	Collins, Radnage		June
13	Nash, Wycombe Heath.		March
15	Hussey, Naphill		~~May~~. 6
17	Adams, Widmer end		Do. 15
18	Nash Downly		Do. 24
16	Brill, Kingshill		Do. 9
19	Ann Brown		Do. 30
21	Line, canal,		June 4th

Whitechapel 1811 3 June 1811

4 morns
6. Do.

N
Magnus Mrs. No. 2. Three King Ct. — Minories
(Male). Sunday 9th Junii

10 morns
1 Do.
N. Ward Mrs. — Crown. — Spittal market
(Female) Sunday 16 Junii

N. Dent Mrs. — — Boar's Head yard
7 Evening
(Female) Tuesday 18th Junii

Davis Mrs. 189. Church Street Bethnal Green.
(Abortus) Monday 24 June
10 Evening.

N. Manley Mrs. 66. St. John St. — Bethnal Green.
4 morns
9 Do. — (Male) Saturday 6 July

Dye Elizth. Bethnal Green. Sunday 7 July — 6 E.
Tuesday 9 Do. 1 afte

10th Intr: Catheter
(5 pints)
11th morns 4 pints
Evens 3 pints. V. S. 38.

(Lessening)

12 Int. Catt. 44
13. Do. — Do.
14. Do. 4 y
15. — unnecessary

Joshua Mrs. New Court. St. Mary Axe.
Male. Friday 12 Julii
(Breech Presentation)
10 morns
2. after

Cruff Mrs. Castle Street. 5 morns
6. Do.
7 months (Ext: Placenta) Sunday. July 14th.

N. Harris Mrs. Rose Lane. 7. morns
Sunday July 14.
(Female)

Badger Mrs — Essex Street.

Tuesday 13 August.

Male Dead 5 Afternoon

(Arm Presentation) 8 Do —

Brown Mrs 22 Anchor Street B.G.

Tuesday August 20 —

Male Dead 3 Morn.s 10 Do —

Arm Presentation

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the quantity of the blood, together with its effect on the pulſe.

Separation of a part of the placenta is the cauſe of theſe diſcharges.

Theſe ſeparations often ariſe from the placenta being attached near the os uteri.

In all flooding caſes a hurried circulation ſhould be guarded againſt; and the general plan of treatment, before deſcribed, may be adopted.

When the diſcharge is checked, great caution is neceſſary to prevent return.

A repetition of diſcharges having weakened the patient, we are led to conſider the propriety of delivery. Delivery may be accompliſhed in two modes; 1ſt. by inviting natural labour; and 2d. by the more active practice of turning.

The violence of hemorrhage, diſpoſition of the parts, and ſtate of the pain, influence our choice. But when the placenta is ſituated over the os uteri, active aſſiſtance will generally be required. Here turning, as ſoon as the hand can be introduced, will be expedient. Theſe principles illuſtrated by appoſite caſes.

In ſome caſes, merely breaking the membranes has checked the diſcharge.

Flooding after Delivery.

This is frequently the conſequence of an inert condition of the uterus.

It cannot always be truſted to nature with ſafety.

The danger may be eſtimated here, as it is in other caſes; and the activity of the treatment may be regulated by the degree of it. A faultering pulſe, deliquum, cold extremities, always require aſſiſtance.

Different methods of proceeding, explained, viz, the external and internal application of cold. Stimulating the uterus by the introduction of the hand. The local uſe of aſtringents, &c.

Pain of the head connected with flooding. This is the effect of inanition, and uſually continues until that ſtate is removed; of courſe medicine is of little ſervice.

Practical obſervations.

Exceſſive reſtleſſneſs. Is another conſequence of violent flooding, and is extremely dangerous.

Fevers connected with Parturition.

Theſe are generally dangerous. Intermittents are the leaſt ſo, but ſome exceptions occur.

The diſtinct kind of ſmall-pox, as having little fever, is not exceeding dangerous; the confluent kind is highly dangerous.

In all fevers the danger is aggravated by parturition.—Why?

Parturition

Swelling of the Lower Limbs.

This has an œdematous character.

It begins above the groin, and extends to the feet.

May attack either one or both ſides.

The time of its commencement from delivery is variable.

Its cauſe is obſtruction in the lymphatic glands.

This explained.

Succeſs in the treatment depends on the early reſolution of the inflammation of the glands; thus to render them pervious to the paſſage of the lymph; and afterwards to invigorate by means of tonics and ſtimulants.

Obſervations on the means neceſſary to fulfil theſe indications.

Suppuration ſhould be avoided if poſſible.

Laceration of the Perinæum.

This is leſs diſpoſed to heal than an inciſed wound in the ſame part; yet the attempt ſhould be made.

The proper means for which conſidered.

Excoriation and ulceration of the labia, with obſervations on their treatment.

Diſeaſes of Children.

We confine ourſelves to thoſe which prevail in early infancy. Of theſe, ſome belong to the ſurgeon, others to the phyſician.

Of ſurgical complaints, ſome ariſe from the birth, others exiſted while in utero, and others again appear after birth.

Of the firſt kind are the different effects of preſſure on the ſcalp producing inflammation, abſceſs, or gangrene; to be treated by the common rules of ſurgery.

Preſſure extending to the bones of the head, produces mole-ſhot head, or horſe-ſhoe head. What?

Obſervations on their treatment.

Injuries from inſtruments conſidered.

Palſy of the arm from preſſure on the axillary nerves, how avoided.

Fractures in the birth.

In what caſes moſt likely to happen.

Theſe always to be taken care of like other fractures, and not committed altogether to nature.

Cautionary remarks on theſe caſes.

Under ſurgical diſeaſes which exiſted before birth, we may rank ſwelling on the head, containing a fluid; coheſion of the labia pudendi, or eye-lids, tongue tied, hare lip, hernia at the navel, ſpina bifida, malformations of the inteſtinal canal and urinary paſſages.

Swellings

Swellings of the head containing a fluid. Theſe are often ſeated on the parietal bone. Are to be diſtinguiſhed from herniæ cerebri. Are often cured by aſtringent embrocations. Opening not generally neceſſary.

Cohæſion of the labia pudendi—conſidered when on the genitals.

Cohæſion of the eye-lids. If in other reſpects well formed, may ſometimes be relieved by an operation. How?

Tongue tied is often ſuſpected when it does not exiſt. How known. Cured by dividing the frænum with ſciſſars, avoiding the ſublingual veſſels.

Hare-lip. We conſider only the proper time for operating, viz. whether before putting the child to the breaſt, or after it is weaned, is beſt. The arguments on both ſides.

Umbilical Herniæ. Under this term are comprehended ſome malformations of the navel and circumjacent parts.

The ſize of theſe, varies.

When very ſmall are ſometimes cured by conſtant preſſure. How made?

When large, are generally fatal.

No operation can relieve in theſe caſes.

Spina

Spina bifida. Why ſo called?

Is known by a tumour on the ſpine coeval with birth. Moſt commonly on the loins.

Its character varies; ſometimes like a bag of water, at others, flat and ſhrivelled.—Cauſes producing theſe varieties.

Sometimes combined with hydrocephalus.

Senſation of the lower limbs ſometimes impaired. Why?

The tumour to be prevented from burſting as long as poſſible, as death ſpeedily enſues.

Mode of diſtinguiſhing ſpina bifida from other diſeaſes of a ſimilar appearance.

Malformation of the urinary paſſages—are of different kinds. When prepuce is imperforate and elongated, a portion may be removed.

When the glans penis is imperforate, different kinds of treatment will be neceſſary, according as a preternatural opening may exiſt or not.

The ſucceſs in ſuch operations is uncertain.

Sometimes a retention of urine without any malformation;—a bent probe or ſmall catheter may relieve.

Imperforate anus. When ſuſpected. It may be eaſily relieved by puncture. Obſervations on this matter.

When a ſtricture is above the anus, relief is leſs certain; and the higher it is ſeated, the leſs probable the ſucceſs.

Different

Different caſes, with propoſals for their relief, conſidered; but the event very doubtful.

The rectum ſometimes ends in the bladder in boys, and in the vagina in girls.

Of the ſurgical diſeaſes which make their attack after birth, are the lues venerea, ſwallowing of the tongue, purulent eye, and diſcharge from the ears.

Lues Venerea. Its ſigns are ſometimes leſs evident in the infant than in the adult. Why?

When infants have dubious ſymptoms not yielding to the common modes of treatment, mercury may be tried.

It is not always prudent to betray ſuſpicion.

The queſtion, how far the diſeaſe is transferable from parent to child, examined.

Swallowing the Tongue.

Its ſigns.

Treatment.

Purulent eye.

Appears in a few days after birth.

Its ſymptoms and progreſs.

Cauſe. Relaxed veſſels of the conjunctiva.

Treatment. Aſtringent waſhes of various kinds.

Purulent diſcharge from the ears.

This occurs ſometimes from behind the ear, at others from the meatus auditorius.

Cure. By aſtringent lotions, &c.

Diſeaſes of Infants requiring MEDICAL *Treatment.*

Much obſcurity often attends this part of medical practice from the uncertainty of diagnoſis. Why? Such queſtions ſhould be aſked as more particularly point at infantile complaints.

The ſtate of the pulſe in infancy is but an uncertain criterion of diſeaſe.

The exiſtence and degree of fever are better known by the heat, thirſt, and frequency of reſpiration.

Diſeaſes of early infancy depend principally on three cauſes, viz. irritability, acid acrimony in the primæ viæ, and over-feeding.

Irritability, as depending in part on a condition of the nervous ſyſtem exiſting in all children, cannot be completely removed; but the effects of ſtimulating cauſes may frequently be much moderated by antiſpaſmodics, &c.

The exiſtence of acid acrimony in the primæ viæ is obvious to the ſmell, and indicate the uſe of antacids.

Over-feeding, how occaſioned. Nature relieves herſelf by vomiting.

Red-Gum. A diſeaſe of little moment, except to diſtinguiſh it from the meaſles.—How known?

Aphthæ may be ſuſpected when pain is expreſſed during

during ſucking, with ſoreneſs of the nipples. It is eaſily known by the white ſpecks on the tongue, &c.

It admits of diſtinction into the mild, and malignant.—How?

The mild kind treated by local applications, as honey, borax, &c.

The malignant, as being attended with fever and watery gripes, is frequently leſs manageable.

Beſides cleanſing the mouth, attention muſt be paid to the fever; in the beginning by clearing the primæ viæ, afterwards by bark guarded by opiates.

Obſervations on the common received opinion that the thruſh paſſes through the inteſtines.

Convulſions may be diſtinguiſhed into the acute and chronic.

In the former, the child ſometimes dies in the firſt attack; therefore active treatment becomes expedient.

Children are much diſpoſed to theſe from their exceſſive irritability; conſequently all irritating cauſes ſhould be avoided, or removed.

Theſe cauſes may be ſeated either in the primæ viæ, or in the conſtitution at large.

The former may frequently be diſlodged by vomiting, or purging. In urgent caſes, the moſt expeditious mode of doing this is the beſt.

The general irritation may be much moderated by opium, muſk, aſſa fœtida, warm-bath, &c.

Convulſions ſucceeding an acute diſeaſe in an advanced ſtate are generally fatal.

Chronic convulſions often end in idiotiſm.

Icterus. Often diſappears in a few days by diſcharging the meconium by means of rhubarb, &c. Sometimes an emetic may be ſerviceable. The vin. aloet. alkalin. has ſometimes been recommended.

There is a ſpecies of icterus attended with emaciation, wrinkled face, and ſhrill voice, which is fatal.

Watery gripes. This is the common conſequence of a deprivation of proper breaſt milk. The remedy is therefore obvious. The teſtaceous powders combined with aromatics and opium, are ſometimes ſerviceable.

Eryſipelas infantilis. It begins ſometimes at the navel, at others at the genitals, extending to the back and belly.

It attacks different conſtitutions, its progreſs is very rapid, and often ends in mortification; bark and wine may be given internally, and camphorated ſpirit applied externally.

Periodical Cholic. It ſometimes occurs when the nurſe menſtruates. It may be moderated by gentle opiates.

Obſervations regarding a wet nurſe.

FINIS.

REGULATIONS.

1. EACH gentleman will have labours in proportion to the number of courſes he ſubſcribes to, and will be ſerved in rotation as nearly as the nature of things will allow.

2. Before any gentleman is called upon to act, he will have an opportunity of attending the lying-in-houſe, where he will have the means of acquiring the neceſſary preparatory knowledge.

3. No gentleman who has been called to attend a labour either at the lying-in-houſe, or at a private houſe, can be permitted to take with him another who has *not* been called to it; nor can he ſend another in his ſtead.

4. Notice to be in readineſs to attend a labour will (when time will allow) be given to each gentleman, either by verbal meſſage or in writing; and it is recommended to him to accept of the offer if poſſible; in any caſe a decided anſwer is expected.

5. Every gentleman engaging to attend a labour when called on, will (agreeably to his own promiſe) be expected to hold himſelf in readineſs for that purpoſe; but in caſe of failure, and it becomes neceſſary to ſend another in his ſtead, (a circumſtance which muſt always be attended with vaſt delay and much inconvenience, and often danger to the patient,)

tient), the gentleman committing such neglect forfeits one labour from the number allotted to him.

6. Every gentleman who goes to a labour is expected to stay until it is finished: but in case he is called where the patient is under a mistake, he may leave her, having previously taken proper methods to acquire the necessary information. In this case it is recommended to him to call on her again soon, and in case of disease Dr. Haighton should be informed of it.

7. In cases of difficulty or danger during labour, the gentleman attending is requested to send, if possible, a written message to Dr. Haighton; but he is on no account to leave the patient.

8. It is recommended to each gentleman going to a labour, to have with him an opiate, and some common aperient medicine, such being frequently wanted after delivery.

9. As every gentleman undertaking a labour necessarily pledges himself to attend the woman during her recovery, he will consequently see the propriety of calling on her each day until she is in a perfectly safe condition; and in cases of serious indisposition, Dr. Haighton should be informed of it.

10. In attending labours at the lying-in-house, where there is usually more than one gentleman present, it is particularly requested that all conversation tending to excite apprehension in the patient be avoided, such as descriptions of bad labours, anatomical dissections, the state of their experience in obstetrical subjects, &c.

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